ABUSED WOMEN'S EXPERIENCES IN SUPPORT GROUPS

by

Pauline Colette Bélanger ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Nursing

Faculty of Nursing

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Pauline C. Bélanger

10027-93 Street
Edmonton, Alberta
T5H IW6 Canada

Date: April 16, 1997

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled **"Abused Women's Experiences in Support Groups"** submitted by Pauline Colette Bélanger in partial fulfillment of the requirements for the degree of Master of Nursing.

Olive Yonge
Dr. O Yonge (Supervisor)

Patricia Valentine
Dr. P. Valentine

Rosemary Liburd
Dr. R. Liburd

Date April 16, 1997

DEDICATION

To Sheryl Ackerman

for your open heart

ABSTRACT

Physical, emotional, and sexual abuse against women by men is currently a major social and health problem. An estimated 1,435 Canadian women were killed by their spouses between the years 1974 and 1992. Women in assaultive situations have many needs, some of which include crisis counselling as well as long term counselling. Numerous abused women decide to attend support groups. Yet, little research has been done to understand how abused women experience support groups, which kind of group is most effective, and how women use their experiences in groups to heal from an abusive past or to help them leave abusive relationships. The research question for this descriptive-exploratory study was: What is the experience of abused women in support groups? A volunteer sample of eight women was identified by placing an advertisement where support groups were offered, and with social workers who work with abused women. Interviews with these women were transcribed and analyzed using content analysis. The findings revealed both that women form connections in support groups and that there are impediments to connecting. The participants made strong connections in the following areas: understanding themselves in relationship to the abuse; understanding and appreciating other women, including receiving and giving support; and finally, understanding abuse in the context of a sexist society. Many of the participants found the facilitators and cofacilitators to be of great assistance. Emotions of anger and disappointment with the

group process are also discussed. Limitations of the study and a discussion of the findings are presented. Nurses are faced with the challenge of assessing, treating and counselling abused women in all health care settings. Issues about violence against women should be incorporated into the nursing undergraduate and graduate curriculums. Further research in the area of support groups for abused women would be beneficial.

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INTRODUCTION

Statement of the Problem

Physical, emotional, and sexual abuse against women by men is currently a major social and health problem. In Canada, 1 out of every 10 women in a marriage or a marital-type relationship is assaulted by her husband (House of Commons Standing Committee on Health, Welfare and Social Affairs, 1982). Wilson and Daly (1994) have estimated that 1,435 Canadian women were killed by their spouses between the years 1974 and 1992. Other researchers assert that 20 to 30 percent of all American women are in a relationship that has been or is currently physically abusive (Bullock, McFarlane, Bateman, & Miller, 1989; Campbell, 1992a; Walker, 1990).

Various immediate and long-term political, social, legal, and economic solutions have been proposed and implemented to decrease violence against women. Women in assaultive situations have pressing and often critical safety needs for themselves and their children. In addition, abused women need prompt crisis counselling. Yet there are not enough counselling services to fill the needs of abused women, and many of the services available do not fill the needs of abused women who seek help (MacLeod, 1990).

In 1981, there was minimal knowledge and research done on the problem of violence toward women in the home (Mahon, 1981). By 1986, there were over 1,700 references in a bibliography on spouse abuse (Engeldinger, 1986). This increase

in public awareness and research on violence against women is attributed to the growing influence and acceptance of the women's rights movement. In 1984, Germain stated that, by comparison with the attention given to the subject of abused women over the past several years in the lay literature and literature of the disciplines of sociology, feminist psychology, law, and social work, the literature of nursing and medicine on the subject was sparse. However, by 1993, the American Academy of Nursing Expert Panel on Violence reported that nurse researchers have investigated many different aspects of woman abuse, and as a result, an impressive body of knowledge is being accumulated. Nurse researchers are undertaking both beginning programs of research as well as replication of existing research.

The Purpose of the Study

Health care for abused women must be holistic, and must go beyond physical care given in emergency departments of hospitals, in physicians' offices, or on psychiatric units, where abused women sometimes are admitted in a state of crisis. However, abused women have identified health care professionals as the least helpful persons when they have asked for help (Rodriguez, 1996; Ratner, 1995; Tilden, 1989). Abused women often leave the health care setting as uninformed and as isolated as when they first arrived (Fishwick, 1995). Nursing as a profession must take responsibility in addressing this lack of support and care felt by abused women.

Little research has been done to understand how abused women experience different therapeutic interventions. Research done with abused women demonstrates that these women experience anxiety, depression, hostility, problem-solving difficulties, health problems, psychosomatic symptoms, loss of identity and self-esteem (Kerouac, Taggart, Lescop, & Fortin, 1986; Jaff, Wolfe, Wilson, & Zak, 1986). When and if abused women decide to seek a therapeutic intervention, they can choose from a variety of therapeutic modalities, such as individual counselling, family therapy, couples counselling, and support groups. Because the implementation of counselling programs for abused women is so recent, little research has been done to evaluate different therapeutic programs (Donato & Bowker, 1984).

Support groups for abused women may be of great benefit in the healing and the understanding that abused women need to change their situation. In 1994, over 5,000 women and over 6,000 children took refuge in Alberta's women's emergency shelters and satellite shelters (Alberta Family and Social Services, 1995). Most shelters offer some kind of support groups. Knowing whether support groups are valuable would be beneficial for abused women to make informed choices about their future.

Numerous abused women decide to attend support groups, in some cases while they are in crisis and in others not until years following the experience of having been abused. As yet, there has been little research focusing on abused women's experience of support groups. Even though much remains to be understood in regard to abused women's experiences in support groups, the

importance of such groups for these women is evident (Hartman, 1987; Campbell, 1986; Trimpey, 1989). Nurses could be instrumental in starting and continuing support groups for abused women in various health care settings.

Self-help groups have been identified as one way to enhance people's capacity to cope and to increase self-reliance. The research on support groups examines outcomes rather than process, and, as a result, understanding of support group interventions is based on theory rather than evidence (Gilbey, 1989). Although health care resources such as support groups are part of communities, further development and investigation are required to increase understanding of the groups' characteristics, structures, processes, and outcomes (Ramsey, 1992). It is anticipated that the findings of this study will be significant in further understanding how support groups can be of benefit to abused women, and how nurses can use support groups as part of the healing process.

The purpose of this study is to present a description of the experiences of abused women in support groups. Findings from this study will provide nurses, professionals, and non-professionals with increased knowledge and expertise in working in groups with abused women.

Research Question

The research question addressed in this study was: What is the experience of abused women in a support group?

Significance of the Study

The findings of this study will add to the sparse body of knowledge on abused women's experiences in support groups. It is anticipated that this study will be of use to facilitators who are now working in support groups. Nurses who work with abused women may use the findings of this study to determine the suitability of referring abused women to support groups, or, in fact, to initiate such a group. This study may also be used to further knowledge on the topic of abused women in groups.

CHAPTER II
REVIEW OF THE RELATED LITERATURE

A voluminous body of literature currently exists in the area of violence against women. My research led to a review of literature in the following areas: definitions of abused women; research and abused women; women's responses to abuse; support groups and abused women; and finally, nursing and abused women. The majority of this literature review focuses on nursing literature. Although the literature provided excellent background for this project, gaps in the research also became evident.

Definitions of Abused Women

Numerous descriptive terms are used in the literature to refer to violence against women. Some of these are assault, beaten, battered, raped, battered women, victim of family violence, marital rape, domestic violence, wife beating, cycle of abuse, wife abuse, victims of domestic violence, survivors of domestic violence, spousal abuse, women abuse, and gender abuse. The terms battery and assault are used interchangeably in the earlier literature; however, abuse has increasingly become the term of choice. As well, researchers have widely different definitions of a single term, such as battered woman (Walker, 1979; Germain, 1984; Landenburger, 1989).

This lack of clarity among the various terms used to describe abuse experienced by women could be viewed as a serious limitation in interpreting and empirically evaluating

research studies. However, one of the earlier and possibly one of the most experienced researchers in the area of abuse and women, Walker, (1990, 1985, & 1979) does not use definite or strict criteria to operationalize the term battered women. In a study of 129 battered women, Walker (1979) concluded that battered women themselves are the best judges of whether they are being battered. Walker's criterion for a participant's acceptance into her study was the woman's belief in her perception that she had been physically or psychologically abused by her partner.

The term battery usually refers to physical violence such as shoving, kicking, slapping, punching, and choking. The term abuse is more inclusive; women may be not only physically battered or sexually abused, but may also live in terror due to threats of violence, death, or mutilation. Other forms of abuse include social isolation, home imprisonment, economic deprivation, and verbal harassment or disparagement. Such forms of emotional abuse may be harder to deal with than physical forms of abuse (Germain, 1984).

Kelly (1988) proposes the concept of a continuum of violence that reflects a range of the forms of abuse and that takes into account the complexity of how women define their own experiences. Abuse, as used in this thesis, incorporates physical and emotional violence, legal and financial restraints and sexual exploitation and violation. Of the various definitions currently in use, the one proposed by MacLeod (1987) is judged by this writer to be the most inclusive and the most appropriate for describing

and naming the various types of abuse. MacLeod defines abuse as having experienced "violence, physical and /or psychological, expressed by a husband or a male or lesbian live-in lover, to which the 'wife' does not consent, and which is directly or indirectly condoned by the traditions, laws and attitudes prevalent in the society in which it occurs" (p. 13). Given the inclusiveness of the above definition, the writer will use the term abuse in this study.

Research and Abused Women

The review of the literature on women and abuse demonstrated that most of the research focused on issues such as the causes of wife battering, the physical and psychological effects of being battered, the reasons women stay in abusive relationships, and the theories influencing treatment of abused women. Unfortunately, an all too common view in the research literature on abused women is victim blaming and an emphasis on pathologic characteristics of battered women (Wardell, Gillespie & Leffler,1983).

Most of the research on abused women has been a search for differences aimed at discovering how battered women differ from the norm (Campbell, 1989b). Yet, there is little evidence to suggest that abused women are predisposed to become victims of abuse because of their past experiences. On the contrary, there is much stronger evidence of the intergenerational transmission of a male propensity to commit acts of family violence (Brendtro & Bowker, 1989). Kelly (1988) states that there are almost no

studies that explore women's definitions of battering, incest, abuse, or sexual harassment. The author states that a number of studies have documented that how acts are defined influences public attitudes, agency practices, and legal decisions. This provides support for the importance of recognizing how women understand and categorize their own experiences.

Nursing research can play an important role in the issues of equality and justice for women (Allen, Maeda & Powers, 1991). The author's approach to this research project has been informed and directed by feminist theory. According to Campbell (1992b), a nurse, feminist theory and feminist epistemology postulate that: 1) women's experience can be a legitimate source of knowledge: women can be knowers; 2) subjective data is valid; 3) participants are "experts" on their own lives; 4) knowledge is relational and contextual; and 5) boundaries between the personal, public, and political spheres are not definitive. Even though there are important controversies in the field of research on abuse and women between feminists and non-feminists, and among feminists, "the essence of feminism, like that of nursing, rejects dualism" (Parker & McFarlane, 1991, p. 12). There is a consensus among feminists that sexism in our families and in society is fundamentally linked to violence (Yllo, 1988).

Violence against women is an important area for nursing research. "The primary agenda for research on battered women must be to empower the women and children involved and to put the responsibility on the social system to change, rather than on individual women"(Campbell, 1992b, p. 70). Nurses are in a

position of being able to respond to this agenda because of their ability and knowledge to influence the health care system, nurses' orientation to women's health issues, and to nurses' clinical concerns. Parker and Ulrich (1990) have formulated four goals for nursing research focused on abuse and women. They are: 1) to define the problem from abused women's retrospective accounts and to identify sociocultural factors related to the situation; 2) to increase understanding of the cycle of behavior that precedes and follows abuse, as well as health and sociocultural implications; 3) to learn about recovery from abuse, issues of social support and cultural implications; and finally 4) to prevent abuse and interrupt the cycle of violence.

Women's Responses to Abuse

Although it is now acknowledged that women in abusive relationships come from all ages, socioeconomic, educational, and racial backgrounds, abused women nevertheless often share similar characteristics. They are more often than not isolated, hopeless, dependent, have low self-esteem and lack information as to how they can change their circumstances (Hartman, 1987). These characteristics are considered to be situational rather than existing previously.

There is increased validation of the perspectives, needs, and realities of abused women. Various studies have identified a wide range of needs of abused women. They include physical protection; validations of a woman's perceptions and realities; honest, realistic, consistent, and complete information to help a

woman make informed decisions; empowerment to get on with her life; the need to be treated justly; and, sufficient financial independence to allow access to a variety of justice, counselling, and support options (MacLeod, 1990).

Numerous studies have been done to establish the effects of abuse on women. A few of these studies will be reviewed to gain a clearer understanding of the physical, psychological, and emotional repercussions of abuse on women. Until recently, the study of violence against women focused almost exclusively on the physical aspects of abuse, the causes of abuse, and efforts to prevent violence and treat abused women. However, now research about violence and women proposes that depression, anxiety, and somatic disorders reported by abused women are a consequence of their abuse, and not a cause (Gilles & Harrop, 1989). Moss (1991) has identified numerous reasons that women stay in an abusive relationship. Some of these reasons include fear for safety for themselves and their children; lack of a support network; religious beliefs; financial reasons; and, lack of community support services to meet the health and safety needs of abused women.

Walker (1979) contributed significant knowledge to the understanding of abused women with the theory of the cycle of violence, and a theory as to why women stay in abusive relationships. Walker's theory on women's responses to abuse originates from the work of the experimental psychologist Martin Seligman (Walker, 1979, p. 45), who hypothesized that dogs subjected to noncontingent negative reinforcement could learn

that their voluntary behavior had no effect on controlling what happened to them. The dog's motivation to respond would be lessened if such an aversive stimulus was repeated. This response was named learned helplessness. Similarly, Walker theorized that women in abusive relationships learn that nothing they do will have an effect on diminishing the abuse, which explains why women stay in abusive relationships. The abused woman learns that nothing she does influences the fact that she is abused. Eventually, she becomes unable to act on her own behalf.

Walker (1979) postulates that there are three stages in the cycle of violence: 1) the tension characterized by verbal abuse and minor battering incidents; 2) the acute battering phase which involves a discharge of tensions through a barrage of verbal and physical aggression, including acute battering; 3) the kindness, contrite and loving phase with apologies, gifts, and promises that the behavior will not happen again. As the relationship continues, the tension building phase becomes extended and the loving contrition stage declines.

Campbell (1989b) surveyed 193 women who were having a serious problem in an intimate relationship with a man. Of these women, 50 percent were battered and 44 percent were also sexually abused. In responding to questionnaires, the women who were sexually abused had lower body images and self-esteem scores and higher scores to the danger of homicide than the women who were not sexually abused.

Campbell (1989a) proposes two theoretical models to explain women's response to battering: grief and learned

helplessness. A battered woman can experience a grief response when she leaves or thinks of leaving the abusive relationship. The contributing factors involved in the grief response are stressors such as income, number of children, frequency and severity of conflict; feelings of powerlessness; and perceived loss in terms of the cultural importance of the wife and mother role, related to the woman's self-esteem. The contributing factors involved in an abused woman experiencing learned helplessness are perceptions of control in the relationship; personal attributions, such as self-blame; and negative self-evaluation. The author compared 97 battered women with 97 non-battered women who were also having serious problems in an intimate relationship with a man. The two groups were similar in self-esteem scores, self-care agency, self-blame, depression, and lack of control in the relationship. The abused women had more frequent and severe physical symptoms of stress and grief. As well, the abused women had thought of or tried more solutions to the relationship problems.

Kelly (1988) conducted in-depth interviews with 60 women, and 48 follow-up interviews. The goals of the research were to document the range of sexual violence women experience in their lives, to explore the links between different forms of sexual violence and to study the long term impact of rape, incest, and domestic violence. The major findings of the research were as follows. Initially women were reluctant to define their experience as a form of sexual violence; about 70 percent of the women changed their definitions of their experiences over time, almost

always in the direction of relabelling an incident as abuse. Because rape is stereotypically defined as a rare experience between a woman and an anonymous assailant, many women who were forced to have sex within intimate relationships did not define these experiences as "rape". The coping strategies of forgetting and minimizing were very common among abused women. The women underwent a process of redefinition, as they remembered more details of what happened to them. Although this can be a painful experience, the women began to focus on and validate their own feelings and reactions.

Landenburger (1988) interviewed 30 abused women to gain an understanding of the impact of abuse on the women's lives. The findings are summarized as follows: 1) multiple forms of physical, emotional, and sexual abuse were sustained by the women; 2) emotional abuse was considered the most devastating to the women because of its insidious nature, the difficulty of labeling it as abuse, and its long term effects; 3) abuse contributed to a woman's feelings that she was an object; 4) women felt that being abused by a partner was a sign that something was lacking in the relationship, and therefore, in the women. A woman who is abused lives in two separate realities: one reality encompasses the good aspects of the relationship and the other reality encompasses the abusive aspect of the relationship. What happens to a woman is not linear and is full of contradictions. A woman's response to the abuse, the feelings toward her partner, and her feelings about self are never constant.

In another study, Landenburger (1989) proposed a four-stage process describing entrapment in and recovery from an abusive relationship. The four stages, with numerous sub-stages, are binding, enduring, disengaging, and recovery. Buehler (1994) identified the process of leaving an abusive relationship in the following stages: identifying abuse, seeking validation, disengaging, leaving, and healing. The author notes that the process of leaving is conceptualized as being continuous, circular, and a cumulative evolution.

It is normal for abused women to experience all the symptoms of acute anxiety attacks, obsessional thoughts, compulsive behaviors, terror or denial of fear for their own safety, crying spells, irritability, hostility, anger, and rage. Additionally, the women must deal with their own feelings towards the batterer, who does not constantly abuse her (Walker, 1985). Rosewater (1985) cautions professionals to do a complete history of violence with their clients, as clinicians need to be sensitive to the possibility of confusion between the symptoms of emotional disturbance and of abuse. Abused women were found to be at greater risk for subsequent suicide, drug and alcohol abuse, and psychiatric disorders (Germain, 1984). In a comparison of the characteristics of battered and non-battered women, the battered women were more likely to have experienced emotional, financial, and legal problems, as well as stress in parenting and changes in living arrangements (Bullock, McFarlane, Bateman & Miller, 1989).

Support Groups and Abused Women

Group interventions such as group counselling, group therapy, support groups, peer support groups and self-help groups are used to describe a similar process, by which people meet to facilitate psychological healing and self-growth. There is not a major distinction made in the literature between the terms support group and self-help groups. The support group concept is designed to promote the idea that members are capable of helping themselves, as well as each other, in the group. Trimpey (1989) states that it is not correct to call a support group for women a therapy group because being abused itself is not an indication that therapy is needed. The term support group will be used for the purpose of this study.

In a study on the effectiveness of different types of counselling, (Bowker & Maurer,1986) data were obtained from 1,000 women. Although only 137 of these women were involved in women's groups, these groups were rated as being more effective than other forms of counselling. The authors concluded that this is due to the group leaders having more in common with their clients, such as gender and demographic characteristics, and to the actual content of the help provided. The women's groups services consisted mainly of modeling (60 percent) and promoting material aid or other direct services. The authors concluded that women's groups are more helpful than traditional social service agencies.

Group treatment has unique advantages over individual counselling because shame and feelings of personal inadequacy

are reduced when the abused woman realizes that her situation is not uncommon. As well, in a group setting, there is a reduction of social isolation which compounds depression and feelings of helplessness (Lewis, 1983). Group work for abused women aims to restore to women a sense of their intrinsic power and worth: by providing feminist-informed counselling which examines and challenges the values and norms of society in which the abuse of women occurs; by reviewing childhood experiences where male and female stereotypes were conveyed and the helplessness of women possibly first encountered; by exploring power issues in relationships; and by legitimizing the expression of the women's own needs and views (Pressman, 1989).

The self-help group format for abused women empowers and fosters change by providing hope, requiring women to take responsibility for self, building on women's strengths and experiences, fostering independence, mobilizing anger, providing knowledge and skills, and finally, by changing the women's self image from being a victim to being a survivor. Facilitated self-help groups are becoming more common because of their emphasis on shared responsibility, on the strength of the women, and because they help women re-integrate in the community (Hartman, 1987).

The following descriptive studies revealed the major themes that emerged in support groups. Campbell (1986) states that group intervention for abused women explicitly elicits the strength of survivors of violent experiences. Between 1984 and 1986, while doing group work with 196 battered women who

attended the groups, the author reported five repeatedly discussed themes. These were: the issue of feeling controlled by the batterer, damaged self-esteem resulting from the abuse, trying to find ways to end the violence in the relationship, deciding whether or not to leave the relationship, and the seeking and giving of affirmation by other group members about the normalcy of the variety of responses to the abusive situation.

Support groups for abused women were held on a psychiatric unit and studied by Rounsaville and Lifton (1983). The two group themes identified by the authors were the dependency and helplessness of the women, and the women's descriptions of the relationships with their abusive partners and their need to control the women's actions.

Trimpey (1989) concluded that recurrent themes in a support group for abused women were high anxiety and diminished self-esteem intensified by the sense of helplessness and powerlessness felt by the abused women. The women described themselves as being chronically nervous, easily startled, and irritable. Kordyban's (1987) phenomenological study on abused women's experiences of group counselling revealed themes which reflected a process of internal growth: greater awareness of self, others, relationships, and society; enhanced self-direction; and, heightened appreciation of self and of other women.

Nursing and Abused Women

Bowker and Maurer's (1986) study of 145 abused women demonstrated that health care personnel were rated as the least effective of any other formal source. Experience and research demonstrate that nursing interventions with abused women have been consistently inadequate. Positive interventions that enhance the health of abused women are contact with the police and emergency shelters. Abused women are likely to receive no gain or incur further losses to their health status when they come in contact with physicians, nurses, the clergy, or counsellors (Ratner, 1995). The reasons for this may be the nurses' own beliefs and values related to violence against women, nurses' fears of the clients' responses, or of nurses' inability to respond to clients' needs. Finally, the prevalence of physical and non-physical abuse among nurses may limit their effectiveness in working with abused women (Attala, McSweeney, & Oetler, 1995).

Abused women are found in all areas of the health care system. Twenty percent of women seen in various health care settings, such as the emergency room, prenatal clinics, family planning clinics and mental health clinics are abused women; yet, only five percent of women are identified as abused in medical records (Tilden, 1987). The cycle of violence can be prevented with education, advocacy, and assessment of all clients (Bullock, Sandella, & McFarlane, 1989; Lichtenstein, 1981). Primary prevention of domestic violence includes educating or re-educating people as a whole in society (Germain, 1984.)

Limandri (1987) conducted interviews with 40 abused women. The author collected nurses' responses which encouraged the abused women to continue seeking and finding help. As well, numerous inhibitive responses were described by the participants of this study. According to Sheridan (1993), the battered woman needs to hear the following from the nurse: her history of abused is believed; she is not crazy; she does not deserve to be beaten; she is not alone; domestic violence is a crime; there is hope that the cycle of violence can be broken and there are specific places where she can go for help.

Nurses have not yet received the requisite knowledge or skills to feel comfortable in intervening with women who they know or suspect may be experiencing violence (Ryan & King, 1992). Sampselle (1992) states that to alter the social dynamics that sustain violence against women, nurses must be familiar with the principles of feminist thought and incorporate these in their practice. A feminist world view affirms the principles of gender equity, gender-free social roles, and personal sovereignty.

Tilden (1989) formulates policy change recommendations which apply specifically to the health care delivery system. These are: 1) the proportion of curricula about domestic violence in programs of education for health professionals should be increased; 2) health care staff of common entry points should receive frequent in-service education programs on domestic violence detection and management; 3) coordination should be improved between health care professionals, especially in emergency departments and prenatal units, and community-

based services for victims of violence; 4) psychiatric diagnostic categories must be examined for their inadvertent message of blaming victims; 5) standardized protocols for interviewing and assessing all trauma victims should be used routinely, especially in emergency departments. Prenatal clinics could also incorporate routine questions about domestic violence.

Gaps in the Literature

Having completed the literature review, the researcher concluded that the descriptive literature dealing with the experiences of abused women in support groups is very limited. The literature review showed significant research has been done in the areas of definitions of abused women, research issues and abused women, women's response to abuse, and nursing and abused women. There is very little research in the area of support groups and abused women. This study proposes to address the gap in the literature and to explore the research question: What is the experience of abused women in support groups?

CHAPTER III

RESEARCH METHODS

The method used to answer the research question is described in this chapter. First, the research design is explicated. Then, the process of obtaining a sample of abused women who had or currently were participating in support groups is reviewed. The method by which the data were collected is explained, followed by the method of data analysis. This chapter finishes with a discussion on trustworthiness and ethical issues.

Research Design

Presently, there is limited knowledge and there are no theoretical formulations on experiences of abused women as they participate in a support group. As a result, this study follows an approach that will focus on the first level of theory development, which is situation depicting or situation describing (Field & Morse, 1985). "This level of theory is still descriptive in nature and the research is not designed to test the observed relationships but rather to discover if there are any relationships between the identified concept and other variables" (Field & Morse, 1985, p. 10). In addition, a qualitative approach allows the researcher to look at the world from the perspective of the participant's point of view, the emic perspective.

Artinian (1988) proposes that the descriptive mode must precede all others. To understand the point of view of the subjects, the descriptive mode is used to present a detailed and

rich description of what is happening in some setting or with a particular group of subjects. The author states:

> The descriptive mode presents rich detail that allows the reader to understand what it would be like to be in a setting or to be experiencing the life situation of a person or a group. The descriptive mode can be used as a beginning approach to analyzing qualitative data. Questions such as, What is going on? How are activities organized? What roles are evident? What are the steps in a process? or What does a patient do in a particular setting? can be answered (p. 139).

Descriptive research has value on its own and therefore is an end unto itself (Becker, 1993). In addition, Brink and Wood (1988) advised that when there is a lack of knowledge about a topic, Level I questions result. The stem questions are always "what is" or "what are." These questions ask about one concept only. No references to relationship, causes or effects should be in Level I questions. Level I questions lead to exploratory, descriptive research design, and result in a complete description of the topic.

The review of the literature on the experience of abused women in support groups demonstrated that little research has been done in this area. Therefore, it is evident that a generic exploratory/descriptive study is needed in order to build a knowledge base of this topic. Level I questions were used in the open-ended interviews to obtain information from the participant's perspective. The use of an exploratory/descriptive approach permitted the researcher to understand how abused women experience support groups. It is anticipated that the

findings of this study will result in additional information which describes and incorporates the variations and similarities in how abused women experience support groups.

Sample

In a qualitative study, the purpose of the study provides a guiding principle in selecting the sample. Since the purpose of this research was to study abused women's experiences in support groups, the criteria for the study were women who: have been abused, have participated in support groups, and were willing to participate in the study. To do this, an information sheet (Appendix A) explaining the research and soliciting volunteer participants was placed where a support group meets weekly. The researcher contacted six social workers to obtain permission to leave information sheets in their offices. The research was explained to them and they were asked to give the information to possible participants, which they all agreed to do. Information sheets were also mailed to three shelters for abused women.

The language used in this information sheet was an important and complex issue. It is a relatively long way into the process of abuse that women actually label themselves as "assaulted," "abused," or with even greater difficulty, "battered" (Campbell, 1992b). A woman may feel that if she is labelled by others as being abused, expectations and judgments about her behavior will be formulated. As well, a woman who is abused can be stigmatized, not for the abuse itself but for the role others attribute to her for causing the abuse. The responsibility for the

abusive situation often is attributed to the woman, offering evidence to her that aspects of her personality or behavior are to blame (Landenburger, 1989). In the information requesting volunteers, it was necessary to convey a clear message of acceptance of the women's situation. For this reason, the word abused was used instead of battering, as it conveys a wider meaning to the issue of violence.

Volunteer or solicited sampling is done when the persons who have experienced the topic under investigation are not known by the researcher, and therefore must be sought out (Field & Morse, 1995). Through an advertised invitation to women to participate in the study, volunteer sampling was used to initiate this project. Some of the women who were initially interviewed then gave the writer the names of other women who they thought would be interested in being interviewed, and thus, the snowball sampling procedure was also followed.

During the initial telephone conversation with the potential participants, the researcher decided whether the woman met the following criteria: had been abused, had participated in a support group, was over 18 years of age, was not in a state of crisis, understood the purpose of the study, and agreed to meet with the researcher and have the interview taped. At the beginning of the project, participants chosen to be interviewed were those "who have a broad, general knowledge of the topic or those who have undergone the experience and whose experience is considered typical" (Morse, 1991, p. 129). As the interviews were analyzed,

more specific information related to the phenomenon of abused women in support groups was obtained.

A process of secondary selection also took place, by which the selection of the participants was done after the interview had begun. After the interview, the researcher determined if the participant had the required information or the qualities of a good participant, and decided if the data would be transcribed and included in the study (Morse, 1991). Ten women responded to the advertisement, and eight women were interviewed. During the initial telephone conversation, one woman was identified as wanting counselling and therefore was not suitable for this study. After one interview had started in another woman's home, the researcher determined that the informant would also not be appropriate for this study, as she too was clearly looking for immediate counselling.

The women in the sample attended different types of groups. During the time of this research, the city's social service department offered groups for abused women called the Phase Groups. The groups were closed groups, lasted for eight weeks, and met on a weekly basis. Phase I was called: Challenging Ideas, Phase II, How Society Defines Us, and Phase III, Doing Advocacy. Most of the women had attended the weekly drop-in group for abused women, organized by Social Services. Some women had attended groups in shelters, and lastly, some women had attended groups as part of a Young Women's Christian Association program.

When doing a study based on the analytic principles of qualitative research, the exact sample size is difficult to

determine. Interviews were done and data were collected until no new information was obtained. The on-going analysis of the data determined how many interviews would be required. The author reached this process after eight interviews, which lasted from one to one-and-a-half hours each.

The sample's composition was fairly homogeneous in that all the women were Caucasian and spoke English fairly fluently. The eight participants ranged in age from 28 to 59 years old. Six women worked outside of the home, one woman was temporarily unemployed and one woman was on social assistance. Six of the women had children, and most of the children were still living at home. None of the women was living with their abusive partner; one woman remained with her husband, but he had participated in many forms of counselling and was no longer abusive.

There were also differences in this sample. Perhaps the most striking difference was that two of the eight informants initially attended the group as participants, and then subsequently attended the groups as cofacilitators. There was a wide range of education among the participants, from not having completed high school to almost having completed doctoral studies. There also existed differences in income, from a psychologist, a nurse, and a social worker who were all employed and earned middle class salaries, to women with lower paid employment.

Data Collection

The women who responded called the telephone number placed in the advertisement. Then they were contacted by the researcher. A phone line dedicated specifically to this project was installed. During the initial telephone contact, the researcher gave the women further details on the aims of the study and of the research process. The women were informed immediately that all information received by the researcher would be kept in strictest confidence. If a woman agreed to be interviewed and to have the interview recorded, a time and place for the interview were arranged. All participants preferred to be interviewed in their homes, except for one woman, who preferred to be interviewed in her office.

At the beginning of the interview, the participant received a letter of information about the research project (Appendix B). Biographic data were also obtained from the participant (Appendix C). The initial interview was unstructured, with open-ended questions to guide the direction of the interview (Appendix D). The interview was taped on a portable tape recorder. Following the interview, the tape was transcribed by a professional transcriber. The interviews were transcribed in such a way that each line of the interview was numbered. A wide margin was left on the right-hand side of the page to enable the researcher to write notes and proceed with content analysis. As soon as possible following the transcription, the researcher read a hard copy of the transcription and at the same time listened to the taped interview. This was done to assure accuracy, and to

ascertain that the emotional tone of the interview was captured in the transcription notes.

Another method used by the author to obtain information on the experiences of abused women in a support group was to attend a drop-in support group for abused women on a weekly basis for four months. Following each group, the researcher wrote notes about thoughts, feelings, themes of the groups, and other material which the researcher felt was relevant. Attendance at this group was part of a senior practicum of a graduate course on group therapy. The researcher shared the notes with the course instructor, who is the supervisor for this research project. The researcher also met with a facilitator who had initiated the drop-in groups in the city and who had enormous commitment and knowledge in the area of support groups and abused women.

Data Analysis

This researcher decided to analyze the content of the transcripts by using coding similar to the first two levels of coding used in the grounded theory method. Coding is the process of analyzing the data. The first step in the process of coding is called open coding. As defined by Strauss and Corbin (1990), this involves "the process of breaking down, examining, comparing, conceptualizing, and categorizing the data" (p. 61). This writer initiated this process by thoroughly reading each interview and by breaking down and conceptualizing the data. This was done by taking apart an observation, a sentence, or a paragraph, and giving each discrete incident, idea, or event, a name that stands

for or represents a phenomenon. As outlined by Strauss and Corbin, the researcher would always ask questions, such as: What is this? What does it represent? Descriptive words, impressions, comparisons, contrasts, and categories were marked in the right-hand column of each transcript of each interview.

After each interview, the transcripts were analyzed and categories became evident. Naming categories involves classifying concepts which are compared to one another and appear to pertain to a certain phenomenon. These concepts are grouped together into a more abstract concept, a category.

Once the initial step of open coding was done, the researcher began the process of axial coding, which is looking for patterns in the data. More specifically, as defined by Strauss and Corbin (1990), axial coding involves "a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories" (p. 96). As the major categories emerged from the data, it became evident that there was also a core category, which the author named "connecting." Connecting was the central phenomenon which encompassed most of the data.

Data collection and data analysis are not two distinct categories but are influenced and directed by each other (Strauss & Corbin, 1990). Each interview was analyzed and coded after the interview. As categories developed, this directed the researcher to ask more focused questions to gain added information in regards to the emerging categories.

Trustworthiness

Since the aim of doing qualitative research is to accurately conceptualize and then to accurately describe the experience of the informants, issues of reliability and validity are complex and philosophical. Many qualitative researchers avoid the terms validity and reliability and prefer to use terms such as evidence and credibility when referring to issues of truth and accuracy (Sandelowski, 1993). Various strategies were incorporated in this study to minimize threats to credibility.

Primarily, "the truth value of a qualitative investigation generally resides in the discovery of human phenomena or experiences as they are lived and perceived by subjects, rather than in the verification of a priori conceptions of those experiences" (Sandelowski, 1986, p.28). Further, Sandelowski states that subjectivity, viewed as the researcher's involvement with the participants and the emphasis on subjective reality, are valued and acknowledged in qualitative research. In a qualitative study, the interviewer is the data gathering instrument. Consequently, the personal biases and feelings of the interviewer cannot but influence the gathering and analysis of data. That subjectivity is an integral part of qualitative research does not preclude the necessity to do rigorous and precise research. Readers of a research report must be able to follow the progression of events in the study and understand the logic of the report; that is, a research report must be auditable.

Sandelowski (1986, p.35) lists various methods by which auditability can be achieved. The writer will briefly address each

of these concerns, which will ensure that this research report is auditable. The research report should include:

(1) how the researcher became interested in the subject matter of study. This writer became interested in the research topic having worked for 15 years in a psychiatric unit in a major city hospital. Many of the women patients had or were involved in abusive relationships, and I felt that I did not have the knowledge, nor, may I add, the empathy, to work effectively with abused women. As I became aware of my lack of experience in this area, I resolved to educate myself on the topic of violence and women. Not only did I read, but I also expanded my knowledge by attending conferences on the topic. As my knowledge increased, I became more aware that the clinical and personal treatment given to abused women in the health care system was lacking. I resolved to try to change this situation. Writing a thesis on the topic of violence and women seemed like one way of doing this.

2) how the researcher views the subject matter studied. To state that I am fundamentally against any type of violence is true, however simplistic it may sound. I view the subject of the experiences of abused women, specifically in support groups, as being multi-dimensional and extremely complex, as are the women themselves, and the relationships in which they were involved.

3) the specific purposes of the study. As stated by the research question, the purpose of this research is to study abused women's experiences in a support group. As well as focusing on this

research question, this study will have implications for nursing education, research, and practice.

4) how participants came to be included the study. Women who responded to advertisements placed by myself in various settings contacted me by telephone. After giving additional information on the telephone about the study, if the participant wished to be interviewed, and if I judged that the participant understood the limitations of the interview (i.e., that it was a fact gathering interview and not a counselling interview), then a day, time, and place were arranged. As the interviews progressed, some of the participants gave me names of women who said that they would like to be interviewed for this study.

5) how the participants had an impact on the researcher and vice versa. I think that, for the most part, there was a positive, mutual impact. Although it was not a pleasant experience for the participants to relate their stories, it was nevertheless a relief to be able to tell their stories and to be believed. As well, some of the participants expressed that they were glad that nurses were taking the situation of abused women seriously and were doing research in the area. The participants had a positive impact on me as well.. Basically, I was delighted that women responded to my advertisement so that I could proceed with my research. I was also deeply touched by how vulnerable the participants were in sharing intimate and personal life stories. I believe that they did this, not to help me personally with my research project, but to contribute in a small way to improving the situation for other abused women.

6) how the data were collected. Eight individual interviews, which lasted from one hour to one-and-a-half hours were taped , and the audio tapes were then given to a transcriber, who typed the interviews.

7) how long data collection lasted. The data collection lasted for four months.

8) how the setting(s) had an impact on the interviews. All but one of the interviews were held in the women's homes; one woman preferred to be interviewed in her office. In one woman's home, her two teenage boys were in and out of the house during the interview. The woman commented that she wanted her sons to know that she was contributing something to the study of violence. The boys had not only witnessed violence, but had also been physically abused by their step-father.

9) how the data were reduced or transformed for analysis, interpretation, and presentation. This is documented in the section on data analysis.

10) how decisions were made to attach importance to the various elements of the data and how the categories were developed to contain the data. The first transcript I did a content analysis on was reviewed by the supervisor of this research. The supervisor determined that the data analysis was done correctly, and I proceeded in the same manner to analyze the transcripts of the interviews.

The findings of this study are applicable only to the sample being studied, a principle which is consistent with qualitative approaches to research. However, it is anticipated that the

research findings will also be of interest and have broader applications to nurses and counsellors who work in the area of women and abuse.

Ethical Considerations

Ethical approval was obtained from the Joint Faculty of Nursing and University of Alberta Ethics Review Committee. Informed consent was an essential component of this research project. Before participants were interviewed, they were asked to read and sign an informed consent form (see Appendix E). The participants were informed that confidentiality of the individuals would be maintained. The names, addresses, and telephone numbers of the participants were kept separate from the data in a locked cabinet, and will be destroyed after seven years, according to the University of Alberta policy. If secondary analysis were planned at a later date, prior approval from an ethics committee would be obtained at that time. Each participant was assigned a pseudonym, which was used in any information or data pertaining to the participant. The data from the interviews were kept in a separate locked file. The transcribers hired to work on this project were required to agree to maintain confidentiality.

As well as issues of informed consent and of confidentiality, there are other ethical issues which can arise. "Since interviewing is essentially a process of human interaction, all of the potential risks of interaction, such as embarrassment, anger, violation of privacy, misunderstanding, and conflicts of opinion and values are likely to arise at some point in a research project" (May, 1991, p.

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CHAPTER IV
FINDINGS

Introduction

This chapter discusses the research findings pertaining to the process experienced by abused women who have participated in one or more support groups. The eight women interviewed for this study came from a variety of socioeconomic backgrounds and ages. The transcripts of the interviews were analyzed using content analysis. Seeking out the commonalties in the women's stories does not diminish the importance and relevance of each individual woman. As the process of content analysis of the transcripts evolved, certain themes became evident as being important or relevant to most, if not all eight women.

Connecting emerged as the core variable identified in this study. The informants made numerous and crucially important psychological, emotional, and sociological connections while attending support groups. The core variable of connecting expanded to the following areas: first, the initial group experience of moving out of fear, shame, and isolation; secondly, making connections with self; thirdly, making connections with others; and fourth, making connections in understanding abuse from a societal perspective. All of these are critical elements that the women experienced in the process of understanding and healing from an abusive relationship.

The themes of connecting, and conversely, of not connecting, were also evident in the role of the facilitator in the

group and the role of anger in the group. Finally, the author will address the lack of connecting, specifically in terms of disappointments experienced by the women in the group process.

While it became evident that the core variable of connecting was a process that the women experienced in group situations, it is important to note that connecting did not occur in a linear fashion, as described in this chapter. Due to the individuality of the women's stories, connecting and lack of connecting occurred in a variety of ways, followed different time lines, had different levels of intensity, and held different meaning. However, the theme of connecting was strong and evident in all of the women's stories.

Connecting - The Initial Group Experience

Abused women often feel an overwhelming sense of isolation, fear and shame, and often continue to experience these same feelings when they initially attend groups. Many of the women talked about the emotional distress and the difficulty they experienced when attending their first groups. They were feeling shame and guilt for having been, or for still being involved in an abusive relationship. When Louise first attended a group for abused women, she felt extremely shameful and had to park her car far away from the location of the group. At first, the group experience helped her to understand why women, including herself, have stayed in an abusive situation.

Sandy saw a counselor through Social and Family Services for four or five times and each time the counsellor suggested that

Sandy attend a drop-in group for abused women. She finally decided to try it, but she observed,

> I almost backed out. Like it took me a lot to get me there. And at that time I was not going to talk to anybody and air my dirty laundry in public. Shame, shame, shame. I can deal with it. Ah, there's nothing wrong. Denial, denial, denial. And then I got to the point where I was just going crazy. I couldn't, I was always mad. Why was I mad? I don't know why I'm mad. Maybe I'd better go talk to somebody.

Ellen, whose husband is alcoholic, first became involved with AlAnon, a support group for persons who have family members who are alcoholic. Ellen attended AlAnon meetings regularly after her husband stopped drinking, but the abuse worsened even though he had stopped drinking. AlAnon was not a helpful group experience at this point in Ellen's life. She described her experience:

> One night I was coming home from AlAnon and just bawling my eyes out and what's wrong with me? Why can't I get this program, why...Am I getting worse instead of better?. They don't deal with emotional abuse at all, not really, they deal with your own healing. This time I'd gone three years steady and it just didn't help at all. I guess I was just getting worse more depressed. I was getting very, very depressed.

In 1993, Ellen read a newspaper article about abused women, and subsequently decided to call a residential home for battered women. She arranged to meet one of the counsellors who works there. With the counsellor's help, she realized that she was

involved in an abusive relationship. Still, Ellen did not want to attend any groups. She recalled:

> I didn't want to tell anybody any more. I wanted to know how to heal myself. I wanted to talk to somebody but I didn't want to go in a group.

Ellen continued seeing a counsellor on a one-to-one basis, through social services, for five months. Ellen had a very positive experience with her counsellor, and eventually decided that she was ready to attend a group for abused women. Ellen attended the Phase Groups, and found the three different Phase groups extremely helpful.

> The phase one Program made so much sense and it really helped, you know and I seen things and realized and began to understand why I am like I am now. Why was I so depressed and why AlAnon didn't help me because it was a different program altogether. I don't know what I would have done without it. If it wasn't for Social Services and groups, I didn't think I would have ever survived, I really don't. They gave me a lot of strength.

In the group situation, Ellen became aware of what the norms are in a healthy relationship. She stated that she also learned how to organize her thoughts and think and speak more clearly.

While participating in a support group, women were able to also break their sense of isolation by realizing that they were not the only ones who had been involved in an abusive relationship. As well, making the decision to attend a group helped some women to make the initial step in moving away from fear and isolation. Rita was "terrified" when she attended her first group

because it was the first time in years that she had been out alone at night. Although many of the women experienced fear, resistance, and reluctance when they initially attended groups, soon these feelings transformed to those of safety and acceptance. As stated by Louise: "The support of other women was essential in being able to change my life."

Louise's statement reflects the belief held by all of the women interviewed. In some way or other, the group experience was a focal point, an essential part of the process of moving out of the abusive situation, and into an understanding of their own involvement in an abusive relationship. Additionally, it was in group situations that many women started making connections between the violations that happened to them as children and the violations that happened to them as adults.

The group situation is where women learned about abuse and were able to admit that they were or had been abused. As Sandy explained:

> And I just, what I was getting to is that I never thought I was physically abused because he never hit me. He restrained me. He pushed me. But he never hit me. So I wasn't physically abused....I couldn't go to a shelter. What could I do?
> After figuring out what abuse was I now know that I was psychologically abused, sexually abused, which in turn is physically abused, financially abused constantly, emotional...all the gambit....Everything except that I wasn't punched.

Additionally, Sandy felt that she was responsible for everything that happened in the marriage: "I mean, if the vacuum didn't suck right, it was my problem."

Rhonda recounted in great detail the various acts of violence that were inflicted on her, and on her sons. The abuse also included financial, emotional, and sexual abuse. He often threatened suicide, and threatened to kill her as well. Retrospectively, Rhonda could see that

> it's just a vicious cycle. The honeymoon, you know, and I'd always fall for it, hoping that it would change. And it never did. I always felt that I was on a merry-go-round. And I kept telling people that. And I just feel that I'm on this merry-go-round and I can't get off. And it just keeps going faster and faster and faster.

Ellen realized that what she experienced with her husband was emotional abuse. One of the ways that Ellen feels that her husband abused her was by ignoring her completely, by refusing to look at her or answer any questions. At the beginning of the relationship, this would last for a few days, especially when he was drinking on week ends, and then he would apologize for his behavior.

> Making up, I'm sorry, da da da. The honeymoon syndrome. But the honeymoon thing went every week , you know, it happened once a week....Things just went like that and just slowly got worse.

The periods of time that Ellen would be ignored increased to months. As well, her husband devalued her in many respects,

such as calling her stupid, saying that she talked too much, refusing to have any visitors come to the house. Ellen poignantly described her life:

> To me, emotional abuse is saying you love somebody but having no respect for them, treating them like dirt, calling them names, you know, doing things to them that you would never do to another person....he would get mad at me for something and I'd never know what it was. I would have no idea why he was mad at me. All of a sudden he'd stop talking and I mean literally stop talking to me. He wouldn't look at me, if he had to talk to me, he would look away....It was like he just couldn't handle looking at me. It would just make him physically sick if he'd looked at me, you know. And, you know, we'd go for weeks.

Before Ellen's husband stopped drinking, he destroyed some of their property in their home, and threatened suicide once, with a loaded gun. In both of these instances, Ellen called the police, who took her husband away to a motel for the night.

As isolation, fear, and shame diminished, many women experienced a sense of purpose and support. Rita felt the need "of belonging again," a feeling which she found in the group. She continues: "I needed the support that I felt other women could offer." Initially, the group gave Rita a much needed "sense of purpose," and a place in which she could explore her sense of her own self. Most importantly, Rita was contemplating suicide, and believes that the group was partly responsible for giving her a sense of her own life and a willingness to continue to live.

> This group gives you a feeling of belonging again. When you go through one of these relationships, you feel dirty,

> you feel like you are not part of anything, you are not worth anything. Your self-esteem has plummeted to zero, you are on the edge of committing suicide. It's serious.. And if I did not have those groups to turn to it could have been the end of me, I don't know, but it could have been because I'd reached the point... I believe other women go through this as well.

Of her first experiences in the group, Rita describes herself as feeling numb:

> Like the feelings besides the fear, there was no feelings, like emotional feelings, happy, sad..I didn't, you know I didn't feel like crying, I didn't feel like laughing, I just didn't feel.

However, as she attended more groups, her feelings changed in such a way that:

> It was like we were being brought up again, somehow. Like you're being brought up as a child again. Like you're safe, you're totally safe. Nothing you can say or do is going to cause you injury or cause you pain. You can say what you're feeling. It was, it was a freedom of expression I had not, up to this point, had the ability to use. The feeling that I was alright, even though I felt all these awful feelings inside....And the other women told other stories and we all, it was like we all kind of put arms around each other. We didn't do this but that's what it felt like. That we had a big hug and there was nothing that was going to hurt any of us inside that circle.

The feeling of belonging to a group of women, who shared similar life experiences and who appreciated Rita for who she was, provided her with an unique life experience.

> And that's what it felt like, it felt like we were all sisters. I had never that kind of closeness with other women before. The groups are an important tool to heal myself.

Pat was one of the women interviewed who started going to groups as a volunteer, with professional credentials as a psychologist. She feels strongly that one of the strengths of the groups is that each woman is viewed as an expert. There are no "outside experts" who will tell her what's wrong with her and how to fix her life. Such an attitude, Pat says, would be "presumptuous." When listening to other women, Pat says she would, and she assumes other women would as well, pick out the similarities and dissimilarities in their story, but what "resonates" are the similarities, and the feeling that other women understand your experiences and your life. In addition to a feeling of resonance from having someone understand your own life circumstances, Pat felt that the group experience energized and nurtured her.

> There is a strong feeling of reciprocity that happens in the group. I feel energized and I feel nurtured and I've had others comment to me that I've said something that has really been helpful to them. Isn't that neat if you can provide something that is helpful to someone else, as nurturing and encouraging and supportive or whatever, to someone else and you can go out feeling like you've been nurtured and encouraged and supportive. I think that's wonderful.

"Connected" and "energized" are words that Pat used often to describe her feelings about attending groups.

After experiencing initial reluctance and resistance prior to attending her first support group, Sandy immediately realized that the group had a lot to offer her. "I was hearing my life come

out of somebody else's mouth." She also realized that she wasn't the only woman in her situation, which helped to break her feelings of isolation. This was a determining factor in deciding to continue to go to support groups. She described the group as a place of safety, a place where she could talk. The group helped Sandy realize that she had not been responsible for the abuse. "I'm not the bad guy here." Sandy described some of her "peak" experiences in the group:

> To me, it's when there were no judgments and, in some way it was like unconditional love and understanding. We were just there, present with the woman who was talking. And it was just so powerful.

Sandy does not attend groups on a regular basis now, and explained:

> I can recognize when I need to be there now. And it's got a very special place in my heart. And all those women do. And I have to say it was the bonding, the, I don't know. Do we want to get into the 'sisterhood bonding'? It's been a long time in the process but a great learning experience along the way.

Rhonda calls her support group her "lifeline." She explained:

> I felt like it was a family. I was even phoning some of the people there. They gave me phone numbers. And I would call them up when I needed to and when I was going into my panic stages. And they were able to sort of bring me down. Probably because they knew what I was going through and they could understand it and I guess that's what I needed. To know that I wasn't crazy and that it was normal and they were able to tell me of other things that I would go through before I even went through it.

Rhonda stated that she was in crisis for probably three months, and that there were always women to support her. Rhonda admitted that she previously had taken her abusive husband back on numerous occasions.

> ...because I didn't know the support. And I think it's the support that's helped me go through with it and not take him back this time. I honestly do. I give all the credit to it knowing that this happens everywhere and it's not just me and I'm not crazy and this is what they do. And you know, they're (the abusive partner) just going to, they say what you want to hear. And I knew that. But yet I'd get sucked in all the time. So hearing different women going through, or having gone through the same things that you have, sort of gives you strength to continue...And seeing other women who have survived.....I'll tell you the groups, I mean I wish I'd known about them sooner. And I wish I'd known about the abuse a lot sooner and I wouldn't have put myself through so much. And put my kids through so much too.

Anne talked about her experience of grieving the dream that she had about her life.

> It helped me to know that when I started feeling sad and started grieving the loss of a dream, I had to drag myself out of bed and go to that group to get angry, constructively. To know, hey, so you're sad. Yes. You can be sad about grieving. But this is reality. And so I have to stay on top of this so that he doesn't honeymoon me again. Because I really don't want to go back there.

Hearing other women's stories made Anne realize that abusers are basically the same, and that the women's stories were also her story. "It was so nice to have the pattern of isolation broken."

She feels that she would have had a much harder time without the group, and that the support group definitely helped her get through it all. Of the different kinds of support presently available for abused woman, Anne said that

> the support group is what I would definitely choose because it had everything. It had everything that I was already experiencing through other methods. Through reading, through dialoguing with friends. Or whatever. It had it all in there. So between me researching and reading and feeling and journalling and talking to friends, that group pulled it all together for me and made me feel like I was real. And that we are all the same. We are all maybe physically on the outside different, different colors, different hair. But inside when someone treats you like this, we all feel like that.

As well, Anne feels quite clear that the cycle of violence is ending with her generation. "I'm putting a stop to it as best as I can now."

Connecting - With Self

One of the ways of knowing oneself is by having one's experience reflected, validated, and affirmed. An often expressed theme in all of the interviews was the great sense of relief that the women felt when they realized that they were not alone in their experience of being abused. This realization shattered their sense of isolation and of profound loneliness. This process of awareness did not always occur to all women when they first participated in a support group, as some of the women had already known that they were or had been in an abusive relationship. It was, however, through the group experience, that

many of the women interviewed were able to admit at a deeper level that they were not "abnormal" or "crazy" for having been involved in an abusive relationship. Women connect with their own selves when they tell their story, as they feel heard, believed and understood. Louise blamed herself for the abuse, and tried to be the perfect wife to avoid abuse.

> It was a spiral of him blaming me and me believing that I was the reason that he was violent....And I think part of me making everything easy for him was in the belief that if I, if I could be perfect that he wouldn't beat me any more.

Louise's husband continuously called her stupid. She felt increasingly numb, acted in ways which she now sees as "irrational," and felt that she was going crazy. She says that she has blacked out many of the memories of the physical abuse. She was chronically ill with undiagnosed symptoms, and she now realizes that her illnesses were the symptoms of the stress which she was experiencing. She deluded herself for many years, believing that things would get better, and remained secretive about being abused. She was not aware of any potential for any kind of support.

As well as breaking the isolation that many women found themselves in, the group experience made it possible for some of the participants to realize that they were not responsible for the abuse which they had experienced. For some women, it was important to hear other women say that they would be beaten again after they returned to their partners with promises that the violence would stop.

Part of knowing self is being able to define one's own experience. Some of the women who attended the groups were unsure if what they experienced in their relationship was "real" abuse or not, since they had not been physically assaulted by their partner. Some of the women, such as Ellen, realized that emotional, sexual, and mental abuse, is, in fact, abuse. Being able to acknowledge in a group setting that what she had experienced was abuse was an important step in Ellen's healing process.

Pat went to the group as a volunteer and to increase her knowledge about women and abuse. She chose to attend a drop-in group, and attended on a regular basis for two-and-a-half-years. As it turned out, she learned far more than she had initially anticipated. One of the most important things that Pat became aware of is that she too had been abused in her previous marriage. In her marriage, her abuse was financial and social. Although she judges her abuse as being less severe than many women in the groups, she described the effects of the abuse as being similar to what other women have experienced, such as the sense of isolation, the sense of alienation and the assault on self-esteem. As well, Pat found that her understanding of the dynamics of her marriage relieved her of a lot of guilt, because she had continued to feel that if she had done things differently that the relationship would have worked. It was a relief for Pat to be able to finally understand and share with others how she had felt during those years of her marriage:

> One of the things that I was able to talk about in the group was the fact that I can remember the feelings I had when I

> was married and how trapped I felt and how inadequate is certainly part of the description but it's not quite the right word...Trapped is the only one I can think of and I would just get this horrible, horrible feeling of, oh God, there's no way out of this. There is just no way. I'm completely in someone else's control and I couldn't have said that but I can say it now.

Pat's understanding of her past was the most unanticipated, and the greatest benefit of attending the group. She found the support that the women gave to each other, and to herself, extremely important. As well, having the experience of a shared experience enabled Pat to feel very connected to the other women in the group.

Rhonda expressed this observation, shared by many of the participants:

> I'm getting out of the fear. It's releasing and I feel more, starting to feel confident in myself. Getting some self-esteem back.

The first time that Sandy attended a group, she experienced a lot of fear, but she soon overcame this fear and became very excited about what she was learning in the groups.

> Let me tell you what was the hardest for me. Cause that was, I couldn't shut things off anymore. I had to open the door. It was a crack, but it got showed open all the way. And uh, it was the best thing I've ever experienced. One of the best things I've experienced, because it was, oh my god, this is me. I kind of like her. What else does she do? It was wonderful!

Rita relates many positive aspects that she experienced from attending support groups. Through the groups, she began to understand her life in a way which made sense to her: "It gave me a pattern, it gave me a point of reference." As well, for the first time, she was able to come to some understanding of her husband's abusive behavior.

Pat's realization that she had been abused in her marriage has given her confidence in trusting her feelings and intuition. She said that this new-found confidence became especially evident in one particular situation. She was dealing with a boss with whom she felt exactly as she had with her husband. She decided to trust those feelings, and went to her boss's superior. The situation was investigated, and her boss was removed from his position because of emotional abuse in the workplace. Without going into the details of this situation, Pat is certain that it was her experience in the support groups which enabled her to gain the necessary knowledge to recognize abuse when it happened, and to gain the self-confidence to take the necessary steps to deal with abuse, whether it occurred in relationships or in the workplace.

Connecting - With Other Group Members

As well as connecting with their own selves, the women were able to connect with the other women in the groups, and support them in ways which were beneficial for all concerned. The women talked on numerous occasions about the process of giving and receiving support. These two concepts are often difficult to separate, as a woman can give and receive support

simultaneously. At other times the giving or receiving of support could be separated by months and even years.

Louise's story exemplifies the concept of mutual support. Louise started attending a group for abused women when she first moved to an urban center. She feels that the group is an important part of her social life, as she is presently unemployed. As well, she sees herself in "recovery" and wants to avoid situations, such as loneliness, which might lead her to make bad choices in terms of a relationship. Additionally, Louise now sees herself as being able to give support to women who are in different stages of an abusive relationship. She feels that she has received a lot of help from all the years that she has attended groups, and she feels that she now has some insights and knowledge which she can share with other women.

In her work as a psychologist, Pat wanted to be certain that she had good counselling skills when working with abused women. Instead of increasing her counselling skills by reading about abused women, Pat felt that she needed first-hand experience in listening to abused women. As she explained:

> I felt very confident that women's abuse was part and parcel of living in a patriarchal hierarchical society and I didn't think that reading more, another analysis, was going to be very helpful to me. That wasn't what I needed to know. What I needed to know was what women experienced, what they felt, what kinds of abuse they experienced and most important from my perspective was what kind of interventions were helpful. I wanted to just sort of check out whether or not what I was doing with them (clients who had been abused) was helpful or whether it was perpetuating the abuse that they were

> experiencing. I certainly didn't want to do the latter, I wanted to be helpful rather than a perpetrator myself.

One of the most important aspects of Sandy's group experience was meeting women of like mind, and as a result, forming some very close, supportive, and important friendships. She described it in this way:

> It's extremely important to have those connections because they know what I'm talking about. They're not going to ask: Why did you stay? God I hate that question. I can talk to her and she knows what I'm talking about. I can express, oh, this is how I feel and it's not oh you bad woman. How can you feel like that? You're supposed to be the one that looks after everybody's emotions. Well, who the hell looks after mine?

She continued to describe her friendships as mutual support and as the sharing of experiences, ideas, dreams, plans, and social action.

Sandy eventually became a cofacilitator, and found this role extremely fulfilling. She says that she would get incredibly excited when she would see the "light flash on in someone's head." As well, she felt that it was important for her to be in the group as a role-model, as an "old-timer," especially in terms of explaining group norms and group process.

Leaving and staying away from her husband was not easy for Anne. She would drag herself out of bed to go to group to hear other women's stories, about husbands who returned, and how the abuse started over again after the honeymoon phase. She realized that is was acceptable for her to feel sad and grieve, but that she

needed to stay strong and not take him back. Anne spoke of a woman in one of the groups who was killed by her husband. For Anne, this was another "reality check," because her story was very similar to Anne's. This event also was a great motivation for Anne not to return to her husband.

Carmen states that she was amazed at how much support the women give to each other outside of the group setting. For some women, they were new to the area, and the women in the group were their only social contacts and support. The women provided support in all kinds of ways, from going to coffee with each other, baby-sitting each other's children, even going to court with each other. At one time, a woman in the group expressed deep fear that her husband was going to kill her imminently. Some of the women decided that very night to go as a group to the police station, and, as a result, the woman was given a 24- hour protection service till an alarm system could be installed in her house.

As well as coming to an understanding of her personal circumstances, Rita developed a feeling of "kinship" with the other women in the group. In a sense, Rita found an inner strength which she could draw on to protect other women, an attribute which took her 15 years to develop for herself. She illustrated this by sharing the following:

> But I put my butt on the line a couple of times to protect them (other women in the group) from their husbands downstairs in the parking lot. Because the one, the one husband, the police weren't there, but the one husband kept approaching the one woman and by the time I turned

> the car around, he was almost, he had almost dragged her out of the car and I just stopped the car where I was and I walked straight out to him, I didn't care if he was going to hit me. He wasn't hurting a sister.

After dealing with her issues of abuse, Sandy continued to attend the groups as a cofacilitator, and as a role model. However, Sandy got to a point in her life where she was over-committed, and had to stop some activities to take care of herself. She still experiences times when she knows that she needs to go to a support group, and she describes that knowing as a feeling of anxiety. She now feels that she's more aware of her internal processes.

Balance is what Sandy is now seeking in her life. She realizes that she got a lot out of the group, and feels a strong sense of responsibility to give back. At the same time, she realizes that she cannot cure the world, and that her behavior of doing too much was itself a problem. At first she was self-critical when she made the decision to withdraw from some activities, feeling that she was being selfish. But now, she sees her life as being multi dimensional, which she describes as a "spread-out fan."

Rhonda calls her support group her "lifeline." She explained:

> I felt like it was a family. I was even phoning some of the people there. The gave me phone numbers. And I would call them up when I needed to and when I was going into my panic stages. And they were able to sort of bring me down. Probably because they knew what I was going through and they could understand it and I guess that's what I needed. To know that I wasn't crazy and that it was normal and they were able to tell me of other things that I would go through before I even went through it.

The group members also gave Rhonda hope in letting her know that she would not always feel so hopeless. More specifically, as with many battered women who are stressed, Rhonda's memory was very poor and she was afraid that this would be a permanent situation. She was relieved to learn from other group members that they too had suffered from memory loss, but now were fine.

When Rita first attended a support group, she had already left her abusive husband. However, she had great difficulties in coping with daily life, and felt psychologically scarred as a result of the abuse. After she heard about support groups:

> I took the phone number down because I felt I was ready because I was still, I was still having nightmares. They weren't as bad, but I was struggling through that, still afraid to go out of my door. Still afraid to travel after dark. Still always watching behind me. It's like you're being haunted by something and it just, it won't go away.

Connecting - Abuse as a Societal Problem

Throughout the group experience, women made connections between their own personal histories, and how and why they became involved in an abusive relationship. The women in the groups were able to see beyond their own individual stories, and make connections as to why abuse of women by men is a widespread and serious problem experienced by thousands of women.

Through their group experience, the women not only developed an understanding of society, but at the same time, an

understanding of their partners' abusive behavior. Through the groups, Rita began to understand her life in a way which made sense to her: "It gave me a pattern, it gave me a point of reference."

Ellen is contemplating various ways that she could help educate the medical community about the different aspects of abuse. She feels let down by her family doctor, who knew the details of her situation, but did not offer any support. In fact, Ellen's family doctor told her that she would be worse off being a single parent than staying in her marriage, and was counselled instead to take anti-depressants.

As well as sharing an understanding of personal circumstances, the group experience has increased Pat's sense of injustice and her understanding of violence against women as a social issue. Pat views this as an issue which can only end with a societal response, and not with individual or support groups for abused women. After sharing her dismay of how some women may be receiving ill-advised individual counselling, she commented:

> I just don't think we need to look at the intrapsychic reasons for these things. I think all we have to do is look around us and to the fact that women are earning 60% of what men are earning, just look at the position of women in society and in any society, the underdogs are the ones who are going to be kicked and beaten and that's where women are. It may not be as bad in Canada as it is in African countries or Asian countries, or whatever, but that doesn't change the fact, that just changes the dimension and so I'm very leery of, I'm really afraid that women are going to see someone who is going to add to their problems....but I have a feeling that women are going to

> come out of that understanding (the Phase Program) that what they are experiencing is really the result of a whole social structure. That they haven't been singled out because they are bad or inadequate or whatever.

Pat re-emphasized that she sees the group experience as being very valuable because women stop blaming themselves and their perceived inadequacies for being in an abusive situation.

> Women see abuse in societal terms. If you start to see abuse as being a system, a system that's been constructed by human beings, surely it can be changed by human beings. So it starts to seem like it's resolvable and that's what I notice. That's the change that women begin to see that this isn't inevitable, that there is a way of moving beyond, personally and as a society and I think different women make a decision themselves about what part they are going to play in that and their own decision may simply be to make some changes in their lives but it may also be to work for social change.

Carmen stated that one of the major benefits of the groups is that women come to an understanding that they are not alone, and she calls this "developing a social consciousness. What they're developing is this idea that this is bigger than me. It's a social problem." Carmen was astounded at how quickly this process happens in a group setting:

> It mobilizes them to action, I think, faster than another recognition would. Because women are acting. They're not waiting to heal and then act....So women are acting and healing at the same time. They're acting on their social world and their personal world simultaneously. That right away that's the very first germ of understanding that this is a social issue...When someone else can tell me my life, or I can read it in a book with my experience.

Unlike individual counselling, which Carmen has both given and received:

> There's a charge that's in a group that obviously isn't there on a one-to-one basis. The drop-in groups have this power, this energy, that I don't think typically exists in groups. I mean, there is a group power but this is somehow different.

She postulated that the power that she is aware of is the ability to see abuse as a social issue:

> To me that's a power that goes well beyond 'I have a problem. I need more self-esteem. Or better job skills. Or I can stand up for myself better or learn how to say no.' Like that just goes well beyond that kind of personal empowerment to something, like to me that's what gives me the charge. It is the power of social awareness. Because we're not isolation, even if I wasn't an abused woman, I mean it's clear to me, going to the drop-in is one way that it became clear to me, that we're in this together.

Anne feels that her personal experience as an abused woman has helped her professionally as a health care worker. She now can recognize the signs of abuse, and she feels that she can be helpful with some of the women that she works with.

Some of the participants in this study belonged to an advocacy group. The aim of this group was not to give each other support as abused women, but to organize as a group to change attitudes, laws, and poor enforcement of existing laws. Two of the women stated that they wanted to educate health care professionals about abuse.

Rita has directed her efforts in two main directions. She has attended discussions with various government officials to clarify present inadequacies in the system, "the cracks in the structure." As well, Rita is very interested in finding ways to help abused women who are patients in psychiatric units. She feels strongly that the nursing and medical professions need to be further educated on how battering affects women.

> Right now, the area we're looking at is maintaining contact with abused women in the hospital setting so that we can start getting the medical profession educated that women who have been beaten up isn't just 'physical scrapes.' This woman God damn near went crazy trying to escape or trying to get away or trying to understand it. There is so much going on and I'm tired of hearing of women told they're crazy and they get put into a psychiatric ward because they can't stand being beating up anymore. That's wrong. I don't care. Us women have to stand up and say that this is wrong, it can't continue any longer.

Rita sees herself as continuing her advocacy work. In the future Rita stated that she would like to work with teenagers who are in an abusive situation.

Connecting - The Role of the Facilitator

Most of the groups that the women attended were "mutual support groups," in which there was always a facilitator who is a professional. As well, mutual support groups often have a co-facilitator, a formerly abused woman who takes a leadership role in the group process. The qualities of the facilitator were

important elements in determining the women's feelings about their group experience.

Many of the women expressed enormous admiration and respect for the group facilitators. Louise described a good facilitator as being non-judgmental, intuitive, and knowing when Louise's shame was high. Rita found her group leaders to be strong women. She could draw from that strength when she needed to. Most importantly, "they treated us like we were human beings. We weren't somebody with a problem to be put outside." Rhonda commented that she was extremely impressed with one facilitator in particular, who was

> just fantastic at getting people to talk and feel comfortable. And she'd come up with good ideas and yet let everybody else talk and she knew sort of how to stop people if they were rambling on too much.

This facilitator would also provide practical advice, which was appreciated by Rhonda, as she was too stressed to be able to think clearly. Rhonda stressed the facilitator's leadership abilities, but also emphasized that she was not taking over. According to Rhonda, this facilitator would not waste time nor would she allow other people to waste time.

When Anne first met the facilitator who was to facilitate most of the groups that she attended, she admitted to feeling rather awed by this woman's leadership abilities and her abilities to connect individual women's experiences with society in general. Now, she realizes that the facilitator has her own problems too, and "we're all the same."

Carmen believed that a facilitator is a professional who works with and connects with the other women in the group. Although she demonstrated leadership qualities and has some responsibility for directing the flow of the group, she does not present herself nor is she seen as the expert who has all the answers. Many groups as well have a woman designated as a co-facilitator, a woman who has been through the abuse cycle, has attended groups, and is at a point where she can, as well, offer some leadership skills to the group.

Carmen continued to describe "informal facilitators," women who are at various stages in the abuse cycle and in their healing journey, but who have a tremendous amount of insight and ability to be able to say the right thing at the right time. They do not have formal educational training, but they have "a natural ability to do things that made sense".

Another role that the facilitator assumed was that of being a "watch dog," making sure that when women shared their support, their own experiences, and sometimes gave advice, they did not overstep their boundaries. In a mutual support group, a norm is that you can't tell another women what to do. The facilitator needs to ensure that the group remains a safe environment for everyone. On the other hand, some women felt frustration with some of the facilitators. Louise felt that one facilitator was too young, had too much anger, and was too revengeful.

Sandy stated that the way the facilitator presented herself to the group was the main factor in women feeling safe in the group. Sandy felt that the facilitator needed to walk a fine line

between taking leadership, but not controlling the group. She admitted that few facilitators that she has met know how to do this effectively. Sandy stated that some facilitators do not have basic communication skills, such as making eye contact with the woman who is speaking. Sandy elaborated on the qualities of a facilitator:

> I want someone who is my equal. Who will share, doesn't have to be all the dirty bits of their life, but who will share so that we can make a connection and who will, may offer suggestions for what she did. Not telling me what I should do. A facilitator will also keep the flow of the group. Sometimes they (the facilitators) need to take control and just you know, please let her finish. And then if you like and we have time then we could get to you. And do that in a respectful manner so that she's not totally shut down and this one is encouraged to continue.

According to Sandy, a good facilitator is one who can bridge the gap for the battered women who come to the group between the personal and the political, from the "individual home to the society and back. And they are connected." As well, it's important that equality is maintained in the group. By this, she means that

> everybody is responsible for themselves and everybody is running the group. I may be called the facilitator this evening but that doesn't mean that I have more power than you do.

There is definitely a strong connection, bond, and understanding between the professionals and the group members.

The Role of Anger in the Group

One of the many ways in which some women began their journey of self-discovery was by allowing themselves to express feelings in the group which had not been allowed expression in their relationships. In the support groups, there are many strong feelings expressed, such as anger, fear, despair. But not all women have the same needs. Obviously, the women expressing these feelings have the need to express them. For some women, however, hearing the expression of strong feelings makes them feel fearful and unsafe. As Pat explained, many women associate anger with being battered, and they find it extremely difficult to sit in a room where loud and angry emotions are expressed, even though they are not directed towards them. The expression of anger in a group is a double-edged sword, in that it permits healing for some women, but is viewed as a continuation of abuse by others.

The use of abusive language is another issue which came up in the group setting. For example, one participant described a situation in which a woman was extremely angry towards one of her children and said that she wanted to throw him against the wall. Some women found this remark very upsetting and they felt that abusive language should not be used in the group, as it counter-acts one of the groups functions, which is to provide a safe environment. Pat's comment on this situation is that there is a big difference between feeling that you want to throw someone against the wall and actually doing it.

> A lot of people's anger was misplaced, misdirected, and your opinions may have been jaded to a degree thinking the anger may have been pushed toward you, but that's why we're all there and that's why we're all in this together.

Rita was able to express a lot of anger towards her husband in the group She was glad to find a safe setting where she could do this, and where she would be understood and accepted. Although women such as Rita found expressing her anger a healing and necessary experience for her, such was not the case for all women. Rhonda commented that she witnessed the strong expression of anger at times. Although this initially surprised her, she came to realize that the group was the right place to express it.

> I feel it's a safe place. I feel the confidentiality and non-judgmental is extremely important. It's something that I really cherish because I never had that.

Carmen stated that she felt uncomfortable when women were very angry. She remembers a few situations when the anger was quite explosive. She realized that at times, particularly for women in crisis, the expression of anger can be very explosive and very scary. It was important for women to be able to express anger in a safe setting such as the group setting. She believed that one of the roles of the facilitator was to encourage the expression of anger, to bring it forward and to deal with all the other emotions that come after the anger has been expressed. As well, women who have attended groups for a longer time are

more prepared to witness the anger expressed, and they can be role models for the newer women for whom it might be scarier.

Carmen described one particular situation in which a long time group member, who had usually been very quiet, expressed extreme anger towards the facilitator.

> Now the facilitator is the authority so this woman figured that she was just going to squash this whole affair. And what she saw instead was the facilitator encouraging the expression of this feeling. She said: "Well, tell me more about that. How exactly did....oh, that wasn't my intention. And you know, we need to talk about these things and blah, blah, blah, blah." This woman was like in total awe. Cause she said like her heart stopped for a moment. She just was waiting for some big explosion to happen, and it didn't happen. It was encouraged and validated and worked through. And for her that was, that moment in time was awe inspiring. That it could be done, in a safe environment. That it doesn't have to be nasty.

Other women felt that some of the women in the group expressed anger in inappropriate ways. Louise stated that at times she was uncomfortable with the anger expressed in the group and admitted that she has negative feelings about women whom she judged as being stuck in anger.

Sandy felt that it was important for women to physically express their anger about having been battered. She thinks that, as was in her case, before the anger can be expressed, it's more difficult for the women to "go on" with the healing work. Not mincing words, she stated: "And because for me once it's out it's like I vomited and I'm O.K. I puked out my illness and now I'm better."

Disappointments

Invariably, "the group can't be all things to all people." Some of the women experienced disappointments, unmet expectations, and frustrated hopes. This is not surprising, as the women interviewed came from a wide variety of backgrounds. There are many issues which arise in a group situation which need to be addressed and worked out. Some of these disappointments have already been described in the sections on facilitators and anger. There are other areas in which the women were disappointed.

Louise describes one group as a "witch-hunt, a man-hating group, there was too much bitterness in that group." This was due to the loud and explosive expressions of anger, as discussed in the previous section. However, another point of view was stated by Sandy. She said that many strong, negative comments about men are made in the group setting, but that she understands that these comments have "a certain meaning and a certain power and have no relevance anywhere else." She clarified that she does not want to build a society that is "anti-anything." Rita felt some disappointment in the group because she felt that the special hardships which she experienced because of her physical disabilities were not recognized or acknowledged by the group members.

The composition of the group was a factor which Pat commented on.

> The group is predominantly composed of white, heterosexual women, and therefore that is the bias of the group. A few Metis and Native women have attended the group, but it is 95 percent white. At times, there will be remarks made that are racist, sexist, or homophobic, and someone else in the group almost inevitably will raise a concern about the remark.

As demonstrated by the above examples, the group experience is not one of total support and of unconditional feelings of "sisterhood." Although the group does not fulfill all of Sandy's needs, she still attends because of her need to "get that connection, know that it's still out there and we still have to work and offer what I can." However, this sense of connection is mitigated at times by her feelings that some nights, it's not a safe place for her to voice her concerns or her personal crisis.

Carmen expressed other difficulties with the group process.

> Part of the whole group process really is something that I think even the most feminist of feminists continue to struggle with because we don't have any models. We don't have, we just don't know, we don't know how to do that and hold our philosophy.

As an example of this difficulty with group process, she describes how the advocacy group has been discussing for a long time whether they should become a society. The pros and cons of both sides have been debated on numerous occasions, and some women have left the group, partly due to their frustration over this issue.

Ellen attended the drop-in groups a few times, but she felt that this was not the type of group for her. She thought that too

much emphasis was put on one woman during group time, which did not leave enough time for other women to express themselves. She also felt that some women were just there to complain and she did not appreciate this kind of attitude. But not all of Ellen's comments about the drop-in group were negative. She stated that the group was also extremely supportive and understanding.

Summary

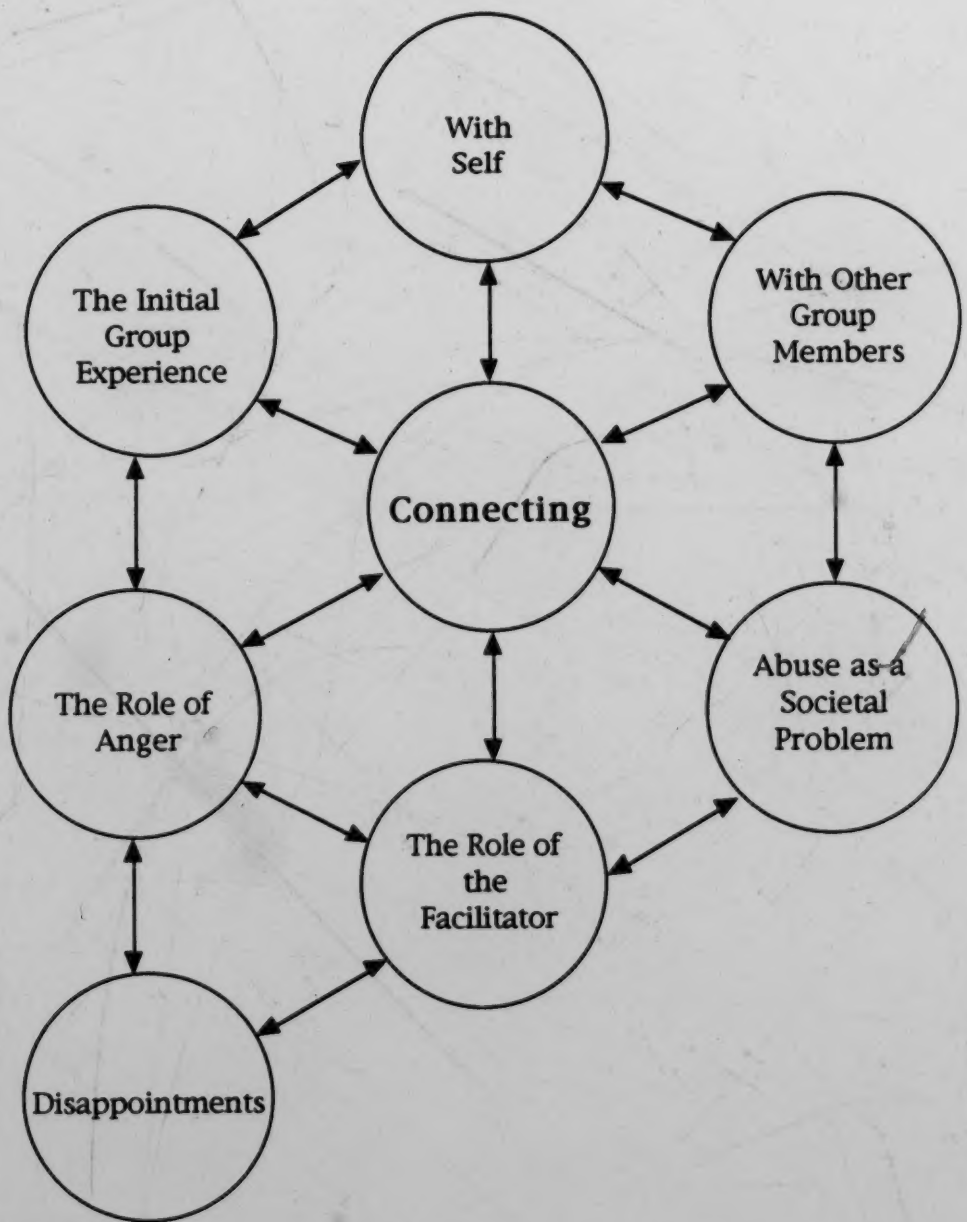
Abused women who attended a support group experienced a wide range of emotions, from despair about their past, to excitement at being able to share their story and, most importantly, to be believed and to be told that the abuse was not their fault. During their engagement in the support groups, the women made numerous connections: in terms of their own personal history and how it came about that they became involved in an abusive relationship; in terms of giving and receiving support to other women; connections in terms of living in a sexist society in which abuse is widespread and in which only recently a social movement against abuse has developed. The participants of the support groups also made positive connections with the facilitators, who served as role models, as women who had previously been involved in an abusive relationship, and as women who were assertive, providing both strong leadership and strong empathy.

However, not all of the experiences of the women in support groups were positive. To some, the facilitators were inexperienced and were thought to be "man-hating." The

expression of anger in the group was viewed differently by the women. Some women felt it was a positive experience to be able to hear a woman's anger and at the same time to feel safe and to know that there is a difference between expressing anger verbally and physically. Other women felt that anger expressed in groups was inappropriate and felt that it was an abusive action in and of itself.

The experiences of abused women in support groups is modeled in Figure I. The core category, connecting, is supported by six sub-categories: the initial group experience, connecting with self, connecting with other group members, abuse as a societal problem, the role of the facilitator, and the role of anger. A seventh sub-category, disappointment, is linked to the role of anger and to the role of the facilitator. The arrows, which link the core category with all of the sub-categories, demonstrate that the women's experiences are inter-linked and inter-connected. There is not a cause and effect here, but rather a web of connections and of inter-connections which would be as individualized as each woman's story and experience would be.

Figure 1. The Experiences of Abused Women in a Support Group



CHAPTER V
DISCUSSION

Introduction

This chapter addresses factors to consider regarding the limitations and strengths of the study. As well, it includes a discussion of the findings. A third section examines the findings of this study and relates them to the literature reviewed in this area. The fourth and final section discusses nursing implications for further research, practice, and education.

Factors to Consider

Sampling is one of the factors to consider in this study. The size of the sample, eight women, is sufficient for the purposes of this study, which was to obtain a descriptive analysis of women's experiences in support groups. The sampling technique of volunteer sampling was also appropriate for this study. Since little research had been done on this topic, a descriptive study using content analysis was suitable.

The homogeneity of the sample is another factor to consider. Most of the women who responded to the advertisement generally had had a positive experience in the group. Had more women been interviewed for this project, it is possible that greater diversity in abused women's experiences in support groups would have been reported. A greater number of interviews may have revealed difficulties in the group process which were not made apparent in this study.

Some of the aspects of the sample which were not homogeneous were: the women interviewed for this study had participated in different types of support groups for abused women, from closed, time-limited groups to drop-in groups; and the participants were at different stages in the process of having left the abusive relationship, which ranged from 2 months to 15 years.

Discussion of the Findings

The groups' compositions were fairly homogeneous in that they were mostly Caucasian, all spoke English fairly fluently, and all were at a point in their lives where they could gather the inner and outer resources needed to attend a support group. All the women had experienced some form of abuse in their lives. However, there are also differences within the group composition. Perhaps the most striking difference is that two of the eight informants attended the groups as facilitators, one as a cofacilitator as a previously abused woman, and one as a facilitator in a professional capacity.

Most of the eight informants had attended a drop-in group or the Phase Groups. Many had attended both groups. A few had attended some groups while they were in shelters. Most of the informants had received personal counselling at some point. As well, some of the participants had other group experiences, such as an Incest Recovery Group and AlAnon.

The range of the length of time that the participants were in groups was from once a week for six months, to every week for

two years. On average, after attending the drop-in groups on an on-going basis for about six months, many of the participants chose to change their focus and not attend as frequently. Some of the participants felt that they needed some "time out," but they would return to the group when they recognized that they needed that type of support.

There was a dramatic difference in what part of the abuse cycle (Walker, 1979) the participants were experiencing. Some of the participants had left their relationship 20 years before attending the groups. One participant had left her husband the previous week. Another woman remained with her husband, who no longer was abusive. Still another woman had left her partner but remained fearful of him, because he continued to harass her. One woman had been harassed for years by her partner who recently died.

Some of the women expressed the need for help to get out of their situation, or help to understand what had happened to them in the abusive relationship. The participants needed support from other group members. This was provided in many ways. Many of the women in the groups offered each other support in terms of friendship, such as socializing outside of the group, babysitting for each other, and going to court with each other. For some women, this support was extremely important, as they had moved to this city in order to escape an abusive partner. They had few inner and outer resources to meet other people. Most of the abused women had lived lives controlled by their husbands. Their sense of being able to chose their own friends and go out at will was a

new experience for some of the participants. The women gained a lot of information from attending the groups, such as a definition of abuse, legal and financial information, and information on how to access social services, private counsellors, and educational services.

The women in the groups reported improved self-esteem, a sense of determination to change their lives, a feeling of confidence in their abilities, a sense of strength and determination, and a feeling of hope. These feelings were almost non-existent while they were in the abusive relationship. It was with great excitement that these women witnessed the emergence of these feelings.

Many of the women decided to participate in some form of social activism, related to abuse and women. After doing the Phase III group, the advocacy group, some women decided to form their own groups after the formal group ended. Each group decided where it would concentrate its energies and resources for social change. Many of the women made public presentations on abuse to church groups, police groups, and university classes.

Findings as Related to the Literature

Self-help groups require women to take responsibility, build on women's strengths and experiences, provide knowledge and skills, and change the women's self-image from victim to survivor (Dimmitt & Davila, 1995; Hartman, 1987). This study corroborates these findings. It is evident that the abused women who participated in this study experienced all of the above.

Telling their stories during the groups, the women made connections between how they had been socialized as females in our society and how they had been abused by a male partner in a private relationship. Making societal connections did not prevent the women from taking responsibility for their present lives, and for taking responsibility about whether they returned to the abusive partner. The facilitators often commented on and commended the abused women's skills in having survived extremely difficult circumstances. The sharing of knowledge and skills was commonly done in each group, and included areas such as where to find legal assistance, child care, and police protection. That the women agreed to be interviewed and felt strongly that it was wrong that they had been abused is evidence that they did not view themselves as helpless victims, but as survivors.

The criteria for a self-help group, as defined by Rootes and Anes (1992) are as follows: 1) shared experience; 2) change fostered through education and support, not therapy; 3) self-governance; 4) responsibility for oneself; 5) understanding and supporting the purpose of the group; 6) voluntary membership; 7) commitment to personal change; and, 8) anonymity and confidentiality. Most groups for abused women have minimal entry requirements, member ownership, and mutuality through peer support. As well, many groups have both a professional facilitator and a previously abused woman as another facilitator (Hartman, 1987). These criteria were evident in the self-help groups of this study.

Additionally, Hartman (1987) discussed the role of anger in a self-help group for abused women. She stated that given the group support, empathy, safety, and the ground rules of no abuse in the group, members gradually felt free to be in touch with their own anger. She described how the women were encouraged to express anger within the group. The group members fear of anger diminished as they realized that they would not be abandoned or despised when they expressed anger. This study supports these findings, as some of the participants expressed similar observations in their understanding of anger. Many women have difficulty in recognizing anger in themselves, and have greater difficulty in expressing anger. Being in this position is very conducive to rage (Miller, 1986). From the interviews with the participants, it was not clear if the participants expressed anger or rage. Nor is it clear whether the expression of these feelings was beneficial or detrimental to them and to other group members.

Henderson (1995) discussed the complexity of relationships when abused women, while they are vulnerable and in crisis, offer support to other abused women, who may also be vulnerable and in crisis. The ability to offer support was viewed by some women as evidence of their own recovery. Since women needed to give this support, it was difficult to establish whose needs were being met.

In a quantitative study, Bowker and Maurer (1986) concluded that women's support groups were more helpful than traditional social service agencies. This conclusion cannot be drawn from this study, primarily because of the difference in

methodology used in the two studies. However, Bowker and Maurer stated that the groups were more effective because the group leaders had more in common with their clients, such as gender and demographic characteristics. This would be supported by this study, as all of the facilitators and cofacilitators were women, and all of the cofacilitators defined themselves as having been previously abused. As well, some of the facilitators refused to differentiate between "me" and "you, the abused women," and clearly stated that abuse or the fear of abuse, was a problem for all women.

This study supported the responses to abuse reported by women in the research literature (Campbell, 1989; Kelly, 1988; Landenburger, 1988 Walker, 1985). This included fear for their safety, high levels of anxiety, guilt, confused thinking, feeling responsible for the abuse, low self-esteem, and high levels of stress. These responses were more evident in the abused women while they attended the support groups than during the interviews. It was clear to the researcher that the above responses to abuse were more evident in the women interviewed for this project the more recently they had experienced abuse. One woman interviewed had been abused as recently as four months before, and she showed high anxiety and fear for her safety. Another woman had been abused 20 years before and she did not show any of these responses. Women faced with a particular combination of situational pressures and relationship difficulties, especially inequities, are vulnerable to stressful emotions and self-esteem difficulties (Forte, Franks & Rigsby,

1996). Abused women's behaviors, including the decision to leave the relationship, are significantly influenced by their concerns about their children (Humphreys, 1995).

Lewis (1983) stated that in a group setting, there is a reduction of social isolation which compounds depression and feelings of isolation. As well, groups have unique advantages over individual counselling because shame and feelings of personal inadequacy are reduced when the abused woman realizes that her situation is not uncommon. These feelings of loss of isolation and of shame were reported by most of the participants in this study.

Pressman (1989) stated that group work for abused women aims to restore to women a sense of their intrinsic power and worth by providing feminist-informed counselling, which examines and challenges the values and norms of society in which abuse occurs. During the content analysis, this theme, abuse as a societal problem, evolved from the data.

Campbell's (1986) descriptive study of a support group for abused women reported the following repeatedly discussed themes: feeling controlled by the batterer, having a damaged self-esteem, trying to find ways to end the violence in the relationship, deciding whether or not to leave the relationship, and receiving affirmation from other group members about the normalcy of the variety of responses to the abusive situation. The majority of these themes were evident to the researcher while I attended the support groups as an observer. They were also evident during the eight interviews with participants. However, the theme that was not evident during the interviews was deciding whether to leave

the relationship, because most participants had already decided to leave. One participant had decided to remain in the relationship.

The two groups' themes identified by Rounsaville and Lifton (1983) were the dependency and helplessness of the women, and the women's descriptions of the relationships with their abusive partners and how they tried to control them. The findings by these authors of dependency and helplessness were not found in this study. The Rounsaville and Lifton study was situated on a psychiatric unit, and this suggests that the women in their study were in a more acute crisis situation than the women who attended the groups which I observed.

High anxiety and diminished self-esteem, which intensified the sense of helplessness and powerlessness felt by the abused women, were the recurrent themes in a support group for abused women studied by Trimpey (1989). The participants reported that they had experienced similar feelings when they initially started attending support groups for abused women.

This study supported Kordyban's (1987) research of abused women in a support group. The author's study revealed themes which reflected a process of internal growth. They were: greater awareness of self, others, relationships and society; enhanced self-direction, and heightened appreciation of self and of other women. The categories demonstrated by this study, that of connecting with self, other group members, and abuse as a societal problem, reflect categories similar to those outlined by Kordyban.

Concerns about connections and the cost of detachment have become part of a growing interest in feminist psychology. Gilligan (1993, p. xxvi) questions

> whether there is an endless counterpoint between two ways of speaking about human life and relationships, one grounded in connection and one grounded in separation, or whether one framework for thinking about human life and relationships which has long been associated with development and with progress can give way to a new way of thinking that begins with the premise that we live not in separation but in relationships.

This study further supports the theory that women grow in connection with others, and not in isolation (Miller, 1986). In a study that explored the sense of healing in women who encountered abuse, Farrell (1996) defined relationship as the integration of all aspects of the self and a sense of connectedness between self and others. A sense of relationship was a central aspect in the healing of the women who participated in Farrell's study.

Weingourt (1996) stated that women's need for connection can also lead to destructive relationships. In an abusive relationship, a woman's sense of disconnection is enhanced, and may be misinterpreted, labeled and stigmatized by healthcare providers. In order that healthcare providers provide the most effective care possible, the behavioral manifestations of disconnection must be understood.

The themes found in this study, of connecting with oneself, with others and of making connections between sexism in society

and domestic violence are also found in similar studies. The review of the literature demonstrated very limited information in terms of the role of the facilitator in the group, or the role of anger in the group. As well, the studies on abused women and groups did not report on the aspects of the group process which were not helpful for some women. This study revealed themes in the group experience not discussed by previous researchers: the theme of group disappointments, in both the role of the facilitator and in the expression of anger.

Implications for Nursing Research

Nursing research can play a role in the issues of equality and justice for women (Campbell, 1992a). Numerous nursing studies have been undertaken in the area of abuse and women. Currently nursing is on the forefront of the development of knowledge in the area of violence against women (American Academy of Nursing Expert Panel on Violence, 1993).

This descriptive study of the experience of abused women in support groups is an initial step in the development of knowledge in this area. Many other research questions can be developed from this study. Some of these are:

- What is the optimum relationship between the facilitator and the group participants?
- What is the optimum size of a group?
- Are closed or drop-in groups more suitable for abused women?
- What is the role of anger in a group?

- What is the process by which a woman changes from a victim to a survivor in the group process?
- When should nurses refer clients to a support group for abused women?
- What further education would nurses need to initiate and facilitate support groups for abused women?
- Is there a role for support groups for abused women on psychiatric units?
- How could nurses work in collaboration with other professionals to ensure that groups are available for all abused women who wish to attend?
- Why do some women stay in a support group and why do some women stop attending?

Additional research in this area will continue to be an important function of nursing, health promotion, and social change. Varcoe (1996) proposed that analysis of racism, sexism, and classism are required to understand the social causes of violence. As well, one of the goals of research should be to reduce, and eventually eliminate oppression by individuals, institutions, and the state.

Implications for Nursing Practice

Studies on nurses and women clearly state that an assessment for abuse must be made on women who come to emergency rooms, psychiatric units, pre-natal clinics, and mental health clinics (Brendtro & Bowker, 1989; Bullock, McFarlane, Bateman, & Miller, 1989; Lichtenstein, 1981). As well as assessing women for abuse, nurses need to be knowledgeable about how to

work with abused women. To intervene effectively, health professionals, including nurses, need to understand both the external factors and the complex conditioning process that keep many women trapped in abusive relationships (Jackson, 1994). This study reiterates the importance of nurses taking a pro-active role when working with abused women. For nurses to be effective in working with abused women, they need support from the institutions in which they work, support from their professional associations, and support that comes from being prepared by their education (Henderson & Ericksen, 1994).

This study shows the positive impact of support groups on abused women. With nursing's increased knowledge of the benefit of such groups, nurses can be pro-active in referring clients to already existing groups, or, if necessary, initiate groups in their area of work or in their communities. With a sound knowledge base of self-help groups, nurses can make individual referrals to groups for abused women based on the individual client's needs (Alley & Foster, 1990). For nurses to become more self-confident in this process, increased inservice training and continuing education in the area of abused women in general and the role of self-help groups in particular is necessary (Stewart, 1989). Nurses may also determine if it would be suitable and helpful to establish support groups for abused women in the health care system where they are employed. Nurses have not only increased theoretical knowledge in the area of violence against women, but nurses have also been advocating for systemic

changes to reduce, and finally, eliminate violence against women (Bullock, Sandella, & McFarlane, 1989).

Nurse administrators are in a position in which they are required to provide leadership to develop protocols to identify and intervene with abused women (Langford, 1996; Campbell, 1995). As an example, nurses with different areas of expertise can work collaboratively in health care settings in providing health care for women who have been abused (Cole, Scoville & Flynn, 1996). Increased knowledge of abuse and the effects of abuse will ensure that all health care clients, such as children who witness abuse, receive integrated and holistic nursing care (Rhea, Chafey, Dohner & Terragno, 1996).

Implications for Nursing Education

Many nurse educators are aware of the importance of including content on violence and care for survivors in nursing education programs (Hoff & Ross, 1995). Currently, nurses have verly little knowledge regarding abused women (Hegge & Condon, 1996). Since nurses will possibly encounter abused women in all areas of the health care system, it would be of great value to include violence against women issues in nursing curriculums, both at the undergraduate and the graduate level of education (Kerr, 1992; Cohen & Wardell, 1992; Attala, McSweeney & Oetler, 1995). This educational component of nursing curriculums could vary with each educational setting. For some, incorporating issues of violence in already established courses, such as public health, would be of value. Nursing courses with a focus on women's

studies would be another way of reaching the goal of raising nursing students' awareness of the issue. Practicums in settings which deal specifically with abused women could be arranged for students at both the undergraduate and the graduate level.

Conclusion

This study revealed the positive impact of support groups for abused women. Women have made important personal transitions in these groups. Making connections with their personal history of abuse, with other abused women and with the role of violence in a sexist society have impacted positively on the women in this study. As well, areas in which abused women were not positively affected in support groups were also addressed.

Nurses are faced with the challenge of assessing, treating, and counselling abused women in all health care settings. Issues of violence against women should be incorporated in the undergraduate and graduate curriculums of nursing education. Further research in the area of support groups for abused women would be beneficial.

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APPENDIX A

INFORMATION ON A RESEARCH PROJECT ON SUPPORT GROUPS FOR ABUSED WOMEN

My name is Pauline Bélanger. I am a registered nurse who is completing a master's degree in nursing at the University of Alberta. Last year I attended the drop-in support group for abused women at the Beverly Centre. I was totally impressed by the value of such a group.

As a result of this experience, I have decided to do research about the experience of women who have been abused by their husband, male partner or boyfriend, and who have participated in a support group for abused women. There is little research done in this area, and I hope my study will increase our knowledge and understanding of what it is like to be a woman who is or has been abused, and who participates in a support group.

If you have been abused and if you are presently attending a support group or have done so in the past, I would be very interested in talking with you.

If you decide that this is something that you would like to do, we will arrange to meet at a time and place that is mutually agreeable. You will decide how long you will want to talk with me and how much you will want to share with me.

Total confidentiality is an important part of this project and will be maintained throughout the study.

If you would like more information, please call me at _____. This number is used exclusively for this study, and again, confidentiality is assured. If you decide to participate in this study, you may stop at any time without explaining your reasons.

APPENDIX B

LETTER OF INFORMATION TO THE PARTICIPANTS

Name of researcher: Pauline Bélanger
telephone:

Institution : University of Alberta
Faculty of Nursing

Project Title: The experience of participating in a support group for abused women

Thank you for agreeing to meet with me. I will give you additional information about this research project, which will help you decide whether you would like to be interviewed.

The purpose of my study is to increase the public's, as well as nursing's awareness of the counselling needs of abused women. Little research has been done in this area. I plan to interview abused women who have also been in group counselling. The results of this study will add much needed information as to the therapeutic effects of group counselling for abused women.

There is a possibility that you might experience some emotional difficulties in relating your history of past abuse. You are in total control of what happens in the interview. The interview can be terminated at any time that you wish. I will make every effort to ensure that this process is as easy as possible for you. I must clarify with you that I am not here in the capacity of a counsellor or therapist, but as a researcher. I will provide you with a list of agencies which offer counselling, in the even that you feel you need to further discuss your experiences as an abused woman.

APPENDIX C

BIOGRAPHIC DATA OF THE PARTICIPANTS

Name:

Phone #:

Age:

Marital status:

Children, if any:

Employment status:

Any other biographic data which you might think is relevant:

APPENDIX D

OPEN-ENDED QUESTIONS TO BE USED AS A GUIDE FOR THE INTERVIEWS

These questions will not necessarily be asked in the order that they are listed. Also, they might not all be asked in the initial interview.

1. Tell me about yourself. Where do you live? With whom? Do you work outside of the home?
2. Describe your relationship with the person who abused you.
3. How did you decide to leave the relationship?
4. How did you decide to join a support group for abused women?
5. What did you find the most helpful from this experience?
6. What did you find the least helpful from this experience?
7. What did you experience when you first joined the group?
8. How did these feelings change as you continued in the group?
9. How did you feel about the facilitators? about the other group members?

APPENDIX E

INFORMED CONSENT FORM

UNIVERSITY OF ALBERTA
FACULTY OF NURSING

PROJECT TITLE: The experience of participating in a support group for abused women

INVESTIGATOR: Pauline Bélanger, R.N.,BscN., MN Candidate
Phone:

Supervisor: Dr. Olive Yonge, Professor, Faculty of Nursing
University of Alberta
Clinical Sciences Building
Edmonton, Alberta T6G-2M7
Phone: 492-2402

Purpose of Study:
The purpose of this study is to understand the experience of abused women as they participate in a support group. I will interview abused women who presently are or have been in a support group. The findings of this study will add much needed information in the area of counselling and support needs for abused women.

Procedure:
Our initial interview will take about one hour. I may ask to meet with you again in order to clarify certain issues discussed in our first interview. During the interview I will be asking you what it was like to be an abused woman and to have participated or to be currently participating in a support group. The interview will be held at a time and place that will be suitable for you. If you prefer, the interview could be done be telephone.

Confidentiality:
The interviews will be tape-recorded and a code name, instead of your name, will be put on the tape. Only I will know your name.

Your real name and address will not be on the tape. I will keep my record of your real name and address and phone number in a locked cupboard. I will destroy that record after this study is finished. A secretary will type the taped interviews, and the secretary will not know your name. The tapes and typed copy will be stored in a locked cupboard.

The consent form will be kept in a locked drawer, separate from the interviews, and will be destroyed five years following the end of this study. For legal reasons, the tapes and typed copies will be kept for seven years after the end of the study. If the tapes and typed copy are used for a different study in the future, approval from an ethics committee would be obtained, as it was for this research.

A report will be written at the end of the study, but your name and any other information which could identify you will not be used. I will not mention your real name in any of the reports or discussions about this study. I may use parts of your interview in the report. I will write the report in such a way that your identity will not be known.

To protect your privacy, you will not be contacted after the study is completed. If you wish to receive a summary of the study when it is finished, please sign the attached sheet.

Participation:
If you decide to be in this study, you may stop at any time. You may stop the interview or not answer particular questions at any time and need not give any reason. If you tell me something and then decide you would rather not have said it, please tell me. If you wish, I will erase this portion of the tape.

There are no known risks to you for being in this study. You also may not gain anything from this research. It is my hope that the support and counselling needs of abused women will be better met because of the findings from this study.

If, following the interview, you think you may need help with painful and difficult feelings that have come up, I will give you phone numbers to call where you may get assistance.

If at any time you have concerns or questions, please feel free to call me at _____.

CONSENT

This is to certify that I,

_____

(print name)

have read the information in regards to this consent form and have discussed it with the researcher, Pauline Belanger. I agree to be a volunteer in the study called: "The Experience of Participating in a Support Group for Abused Women". I have been given a copy of this form to keep.

I understand that there will be no health risks to me resulting from my participation in the research.

I give permission to be interviewed and for these interviews to be tape-recorded. I understand that the information may be published, but my name will not be associated with the research.

I understand that I am free to deny any information the interviewer asks me. I also understand that I am free to withdraw my consent and terminate my participation at any time, without penalty.

I have had the chance to ask questions and am satisfied with the answers that have been given. If I have any other questions, I know that I can call the researcher at _____.

_____ _____

Signature of Participant Date

_____ _____

Signature of Researcher Date

I would like to receive a report of this study when it is finished.

Name _____

Address _____

_____

_____

APPENDIX F

COMMUNITY RESOURCES FOR REFERRAL OF INFORMANTS

Emergency:

Distress and Suicide Line	424-2552
Emergency Social Services	427-3390
Sexual Assault Centre	423-4121
Alberta Alcohol and Drug Abuse Commission	427-4291

Counselling:

Alberta Mental Health Services	427-4444
Native Counselling Services	423-4121
Community and Social Services Information	424-3242
Edmonton Social Services	428-5890
University Walk-In Clinic	492-6501

Legal Help:

Legal Aid	427-7525
Student Legal Services	423-2226
Lawyer Referral Services	1-800-332-1110